77-29,887

VENTURE, Lucille D., 1919-
THE BLACK BEAT IN ART THERAPY EXPERIENCES.

Union Graduate School, Ph.D., 1977
Education, art

Xerox University Microfilms, Ann Arbor, Michigan 48106

DOCTORAL DISSERTATION

"THE BLACK BEAT IN ART THERAPY EXPERIENCES"

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January 1977

Union for Experimenting Colleges
and Universities
Core Faculty Member, Dr. Andress Taylor

THE BLACK BEAT

in

ART THERAPY

experiences

by

Lucille D Venture

THE BLACK BEAT

in

ART THERAPY

experiences

"...If a man does not keep pace
with his companions, perhaps it is
because he hears a different
Drummer. Let him step to the
music which he hears, however
measured or far away."

HENRY DAVID THOREAU
Excerpt from WALDEN

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PREFACE

The purpose of this manuscript is to introduce art therapy to a large segment of our population - a segment always under-served - minorities - Black, Brown and White. It talks to them simply. In addition, this manuscript is addressed to both students and aspiring students, art therapists, and anyone who is interested in learning about the history of art therapy and about the Black experience - the therapeutic art experiences with children and adolescents. It is my attempt to present an up-to-date survey of the history of art therapy here in the USA, and it includes the fundamental facts and ideas characteristic to art therapy.

Art therapy, historically, has its base in Freudian theory. The major significance of this theoretical model to the application of art therapy is its exclusiveness, Traditionally, art therapy, like other therapies, is not for the masses, not for the poverty stricken, not for Blacks. This manuscript deals with art therapy and problems relative to the Black experience. It presents the material in a manner conducive to reading, teaching, discussing and/or just finding out about the field of art therapy.

One of the most significant conclusions I have come to is that there is a need for art therapists in the Black community. The therapeutic benefits of art therapy are hindered only by the traditional concepts of what groups of people can be serviced. Art therapy should be available to all people.

I am not advocating any one particular method, for I recognize that there are many valid views and helpful methods in practice today. I wish only to share observations made during my years as a student of art therapy, art therapist, and art therapy teacher.

Every theory of therapy is good only in so far as it really helps children, youths and adults in practice. A tool is as good as the skill and imagination of the therapist who applies it. My work in art therapy has lead me to adapt methods and create plans relevant to Blacks in an urban setting. This has allowed me to draw on the historical richness of art therapy and to shape and model programs which can assist Black children and youth in effectively coping with their environments.

Like any other tool used without sympathy and respect for individuals, it is worse than useless. The orientation and methods used have been developed through the years with

opportunity to clarify and extend many phases of my approach, which is considered eclectic.

In presenting the information both in a historical and a contemporary perspective, it emphasizes the past as being my compass for the future. I take pleasure and reassurance in this book - a small but tangible manuscript that I leave behind as a small reminder of my past.

I would like to acknowledge my indebtedness to my consultant, Dr. Allen V. Carter, Center For Community Education, who has prodded and guided me from the first. For their more recent influence, help and advice, I would like to thank my two professors and advisors, Mrs. Myra Levick, ATR, Director of Creative Therapies, Hahnemann Medical College and Hospital of Philadelphia, Mr. Myer Site, Art Therapist at the Waxter Center for Senior Citizens, Baltimore, Maryland; Mrs. Hanna Yaxa Kwiatkowska, ATR, Assistant Professor of Family Art Therapy at George Washington University; and Mrs. Edna Salant, ATR, Art and Play Therapist at the National Child Research Center, Washington, D.C.. In addition, my gratitude is extended to Dr. Andress Taylor, Core Faculty member of Union Graduate School and the other members of my committee who supported me so admirable during my tenure in the Union For Experimenting Colleges and Universities. Much credit is due to Dr. Marian Stanton-Johnson, Co-Director of Homestead-Montebello Center

of Antioch College, to Mrs. Carolyn Echols and my sister, Mrs. Helen Jackson, who typed and edited the manuscript, and to the other friends who helped me.

part I

EVERYTHING YOU WANTED TO KNOW ABOUT
ART THERAPY BUT DIDN'T ASK --

A HISTORICAL OVERVIEW OF ART THERAPY
IN THE U.S.A.

"OPPORTUNITY RARELY KNOCKS.
YOU MUST LOOK FOR IT YOURSELF
AND BRING IT TO YOUR DOORSTEP."

ACHEVE of Nigeria

A HISTORICAL OVERVIEW OF ART THERAPY IN THE USA

As I travel throughout this country, more and more I hear the term "Art Therapy, art therapy!, art therapy?" I hear it in educational conferences, in schools and colleges, in workshops and seminars, at club meetings and even when walking in the street. People say, "I have heard of art therapy, but what is it? What is this "art therapy" that is generaring so much interest?" Art therapy is a helping process, and like all therapy, the aim is to effect basic personality changes and to promote growth. Before I go into detail, let me separate and define the words "art" and "therapy" to obtain a working background.

The definition of "art" is an elusive one. Dictionaries define it in terms of the synonym "skill" or a "systematic application of knowledge or skill in effecting a

desired result." However, I prefer Herbert Read's explanation in his early work. He declared art to be "the technical skill" required "to transform mental images into linear signs." He also stated that the artist is capable of allowing "the personality to express itself in the craftmanship." (1945)

The word "therapy" comes from the Greek noun Therapeuien, meaning "servant," the root meaning of which is "service" - serving the best interest of a fellow human being. The verb means to wait. But in English, the word "therapy" has no verb, therefore, cannot "do" anything to anybody. Therapy represents a process going on, observed, and assisted but not applied. The therapist waits for the individual (child, adolescent, adult and/or senior member) to come to terms with himself, to express the difficulties, and to find new ways of relating and living. This waiting is a positive force, a commitment of faith actively expressed by the therapist who guides the person in exploring newer, more profitable experiences.

DIFFERENT DEFINITIONS - A COMMON CORE

Art therapy, being comparatively new in its establishment as a treatment, is open to many definitions. The lead-

ing pioneers in art therapy, Margaret Naumburg, Edith Kramer and Hanna Kwiatkowska, have recorded their definitions many times in their various publications. Included in this group is the definition by Elinor Ulman, founder and editor of the Bulletin of Art Therapy, currently named American Journal of Art Therapy. She wrote:

> "Art therapy legitimately covers a range of activities that at the peripheries verge on psychotherapy, on one hand, and on art education on the other. Essential to art therapy is that it partakes of both art and therapy. For this purpose, these terms may be briefly defined as follows: ART is the meeting ground of the inner and outer worlds as experienced by human individuals. THERAPY aims at favorable change in personality or in living that endures beyond the therapeutic session itself." (10/74)

A further definition included here is the result of a composite effort of several committees composed of registered art therapists. "Art therapy includes a range of endeavors: one is the use of art as a non-verbal means of communication through various art media that, in conjunction with the individual's verbal association, often has a direct relationship to understanding and working through emotional problems and conflicts; and the use of the artistic process itself as therapy. The latter depends on the age-old power of the

arts to reconcile conflicting forces within the individual and between the individual and society." Public Information Com. AATA (1974)

Another interesting definition was complied by the Public Information Committee of the Maryland Art Therapy Association (MATA, 1975). "Art therapy is the utilization of the creative artistic process with a variety of art materials for the development of individual growth, remedial education and healing. Art therapy offers a new dimension in self scrutiny for the purposes of problem solving, spontaneous self-expression and expanded self awareness by the offering of the opportunity of the visual, non-verbal to be expressed and developed. By exploring alternative options through creative artistic channels, the tapping of thoughts and feelings at both the conscious and unconscious level links the imagination factor to conscious decision making."

Of the several definitions of art therapy, the following one has recently (1975) been composed in collaboration with the Public Information Committee and other members of the American Art Therapy Association (AATA), is widely accepted by the membership.

> "Art therapy provides the opportunity for non-verbal expression and communication. Within the field there are two major approaches. The use of art

> therapy implies that the creative process can be a means both of reconciling emotional conflicts and of fostering self-awareness and personal growth. When using art as a vehicle for psychotherapy, both the product and the associative references may be used in an effort to help the individual find a more compatible relationship between his inner and outer worlds."

AN OLD PROCESS

This process of communicating very personal ideas through art and achieving some sense of well-being as a result of creating art is very old. Through the ages it has been known that people of disturbed mind have a tendency to draw and paint weird, bizarre, but interesting representations. The publication, "The Door of Serenity" by Dr. Ainslie Meares in 1958 was an enlightened study in the therapeutic use of symbolic painting. This and other publications have illustrated examples of psychiatrist and patient striving together to communicate with one another through a series of paintings and drawings. The insight and learning about the patient gained from such experiences have been well documented and have proven invaluable in guiding the patient toward recovery.

About one hundred years ago, Max Simon, a French psychiatrist, and Cesare Lombroso, an Italian psychiatrist, documented their study of the spontaneous art of the insane in

asylums in France and in Italy. The subject of Simon and Lombroso's research and a historical overview of spontaneous art with mental patients have been admirably reviewed by Margaret Naumbury (1950). In addition, she has gone into a complete discussion of spontaneous art productions as supplements to a Jungian or Freudian analysis. Much relevant background material was recorded. Her development of the history of spontaneous art by mental patients under treatment by psychiatrists and psychoanalysts is comprehensive.

THE IMPORTANT "UNCONSCIOUS"

It is well known that in the late 19th century, Sigmund Freud's and others perception of the significance of the unconscious led to the discovery of psychoanalysis and paved the way to a whole new way of looking at personality. Although the importance of the discovery of the unconscious then was clouded with doubt, its acceptance is now clear. The existence of the unconscious is regarded as an established fact, proven by tests quite as reliable as those used by physical science. This new concept was taken into account by the medical world and gradually accepted by educators and artists. Another Freudian emphasis important to all forms of modern psychotherapy is the emphasis on the significance of the unconscious image - making power of dreams and fan-

tasies. This theory became of utmost importance to the process of art therapy.

Margaret Naumburg (1950) said in reference to the "unconscious":

> "In art therapy the patient's unconscious imaged experience (of dream or phantasy) is transposed directly into an actual pictured image. In psychoanalytic treatment such inner visual experiences must be retranslated from an imaged into a verbal communication."

And she substantiated her statement with a quote from Freud's New Introductory Lectures on Psychoanalysis (Ed. James Strachey). Part II: "Dreams": London, The Hogarth Press, 1963, Vol. XV. p. 90.

> "We experience it (a dream) predominantly in visual images; feelings may be present too, and thoughts interwoven in it as well; the other senses may also experience something, but nonetheless it is predominantly a question of images. Part of the difficulty of giving an account of dreams is due to our having to translate these images into words. "I could draw it," a dreamer often says to us, "but I don't know how to say it." Naumburg (1966)

Margaret Naumburg further stated:

> "Although Freud made the modern world aware that the unconscious speaks in images, he did not follow the suggestion of his patients that they be permitted to draw their dreams rather than to tell them. Art therapy, however, encourages

just such an expression of inner experience. Naumburg (1966).

A NEW TREND

In the later studies of patient art by the interested psychiatrists and psychoanalysts, it was clear that the study of this art was exploratory and interpretive rather than therapeutic. Not until the first quarter of the 20th century, when so many neurotic and psychotic patients felt a compelling need to express themselves in drawing and painting, did a new trend ease its way in. The more observant and sensitive psychiatrists began to interest themselves in their patients' spontaneous art expressions. It gradually became possible for these medical men to unlock the inner meaning of psychotic and neurotic art. They began using the art, among other things, as supplementary means of helping their patients reveal their feelings.

It was Dr. Nolan D.C. Lewis, an outstanding psychiatrist at the New York State Psychiatric Institute in 1925, whom Naumburg credited as having....

> "...been the first psychiatrist to employ analysis of the art production of patients either singularly or in series, as an adjunct to psychoanalytic therapy." (1966)

She wrote that:

> "...for many years he has been impressed with the symbolic significance of pictures made by his patients during analysis...Lewis, because of his recognition of the importance of archaic expression, has given much study to ancient symbolism." (1966)

According to Naumburg...

> "....Lewis, while basing his interpretative techniques primarily on the Freudian approach to symbolism, sugtested that certain archaic, non-personal symbols in schizophrenic art could be understood only in terms of 'genetic' or 'collective' unconscious..." (1950)/

However, still more research into problems of symbolism was needed and still more time for full comprehension was found necessary in the work with patients and their art. Margaret Naumburg notes that:

> "...as the effects of psychologists were dependent on an understanding of the symbolic productions of the unconscious, further developments in the use of spontaneous art in therapy had to wait for growing comprehension of symbolic expression and its archiac modes of release." (1950).

During this time many clinical child psychologists used drawings and paintings in the analysis of their child patients and thus were better acquainted with pictoral symbolism than were their colleagues. Some psychiatrists had found it desirable and effective to use spontaneous art expression as

part of the treatment. The process they witnessed going on in the unconscious as revealed through their patients' paintings was not recognized as a valuable contribution to the treatment. All were interested in the spontaneous drawings and paintings in reference to their revealing testimony. Also, they were interested in these drawings to the extent to which they supplied material that would help in diagnosis. It is important to note that during those years their position was that as a curative treatment, the practice of art was inadequate by itself. These medical men made use of the art with a view to elucidating aspects of their own subject rather than with any intention of carrying their expertise into art.

Since the psychiatrists and clinical psychologists took steps into the neighboring territory of the arts, was not it only fair that the artists, in turn, show neighborliness and develop their art to go hand in hand with the medical model? About ten years after Dr. Lewis' distinguished ventures (to them included two published papers in which he discussed his investigation into the range of symbolic meaning in patient art work), the time was ripe for just such a movement of artist toward the psychological field of study and research in America and Europe.

"ART THERAPY" COINED

In England, about 1938, artist Adrian Hill originated the term "Art Therapy."

> "...taken in its fullest and widest sense it is a good description term... Adrian Hill, the author and artist while confined to a sanatorium with tuberculosis, succeeded in establishing art therapy as a part of the hospital's regular program". (Petrie, 1945).

As one of England's pioneers in introducing "art therapy" into practice at King Edward VIII Sanatorium at Midhurst, Mr. Hill used the expression "art therapy" to describe his work with his tubercular patients after having experienced a relief of stress and other therapeutic effects on himself while hospitalized. He...

> "...extended his activities to a number of hospitals and sanatoria of various types. He found patients responding eagerly to painting lessons and talks about pictures and artists, and he also organized small competition, exhibitions and lectures in hospitals." (1945).

Hill rallied his artist friends to volunteer their services, but he realized that "art therapy" was a specialized field and warned his co-workers and friends that it must be approached scientifically and with as great care and skill as any other therapeutic measure.

This art therapy came to be known near and afar since he worked closely with the Dutch and Canadian people. The Secretary of the Canadian Hospital Council recognized the far reaching possibilities of art therapy when he suggested to Mr. Hill that art therapy could be extended into convalescent hospitals, in hospitals for the chronically ill, and in mental hospitals. Hill agreed and further affirmed that in mental hospitals, art therapy should be used in a clinical way, as an indication of the state of mind and the progress of the patient, as well as its therapeutic value. Adrian Hill started out working with what he coined "art therapy", the use of painting to improve the emotional problems of his fellow tubercular patients. This work in art was recognized and later extended to include patients in convalescent, chronically ill and mental hospitals. The therapeutic art modality began as a helping tool in aiding the sick. His insight and far vision did much to encourage the use of art in a therapeutic manner in Europe and Canada. His two books, Art Versus Illness and Painting Out Illness, serve to illuminate his methods.

AN ART TEACHER-THERAPIST

Maria Petrie, peer of Adrian Hill, was a sculptor. She taught art in Abbotsholme School in Derbyshire, England and

in the U.S.. She was a pioneer who gave great impetus to the art therapy movement. Her proficiency was in working with children in art in therapeutic treatment. Petrie wrote:

> "I believe the time has now come to enlarge the field (occupational therapy) still further and include the practice of the visual arts more especially in the mdeia employed by occupational therapy, or better still, to form a distinct new branch, art therapy, requiring a separate training." (1945).

She pointed out the fact that the arts and crafts were the same in essence, but differ in their social connotations. They differ in the kind and number of the elements of which they are composed as well as in the emphasis placed on them. The graphic arts (painting) and the plastic arts (sculpture) command elements of a purer, more concentrated and more direct healing power than those inherent in the crafts. Ms. Petrie wrote that painting has a vitalizing effect of the more spontaneous and personal use of color, form and rhythm. Sculpting has a more direct healing effect by the close contact with the earthy materials. She felt that it was the duty of the artist to insist on the purposeful ordering of art and upon its healing and integrating power. She was aware that the whole field of the psychology of art called for the combined efforts of artists and psychologists.

Ms. Petrie emphasized the need for psychologists-artists to enter into research. She wrote:

> "...it is plain that the deep and more methodical knowledge of the human personality, of the character, of behavior, of the chief psychological types and of the relation between the individual and sociaty; all made clearer by psychology, must through new light also on one of the most fundamental human activities, on art. Its important position in society which has always been insisted on by philosophers and by artists and by their more discerning public, will in the future become still more firmly established by the research of psychologists and sociologists." (1946).

FOCUS ON MARGARET NAUMBURG FIRST LADY OF ART THERAPY

Concurrently with Adrain Hill and Marie Petrie (1941) and quite independently, Miss Margaret Naumburg, first lady of American art therapy, was active in pioneer research in art therapy in New York City. Miss Naumburg, an educator and psychologist, was one of the first actually to use art for therapeutic goals. To understand her interest and convictions about spontaneous art, its relation to the unconscious, and its power for insight and healing, one must look back on her life.

Margaret Naumburg, the daughter of Max and Theresa (Kahnweller) Naumburg, was born in New York City on May 14, 1890.

She graduated from Vassar in 1908 and received the B.A. degree from Barnard College in 1912. Just before the first world war, Miss Naumburg did post graduate work at the London School of Economics. From there she traveled to Rome where she studied with Maria Montessori at the Famous Casa dei Bambini and was graduated from the training conducted by Maria Montessori. Returning to London, she studied with F. Matthias Alexander the Problems of Physical Coordination. Later back home in America, Miss Naumburg did creative work in the arts in New York, Woodstock, and Santa Fee. She matriculated at Columbia University at the graduate level working in education, philosophy, music and drama from 1914 to 1916. (Who's Who 1961).

Concurrently, while she was studying at Columbia, several of the most important events in her life took place. It was during this time that she began a three year period of analysis under the Jungian psychiatrist Beatrice Hinkle and the Freudian psychiatrist, Dr. A.S. Brill. Miss Naumburg's sister, Florence Cane, an artist, art educator, and author, was psychoanalyzed by Dr. Hinkle, also. In June 29, 1916, Miss Naumburg married Waldo David Frank, a very handsome and intense intellectual who had graduated from Yale University with both the B.A. and the M.A. degrees. This well known

author of many works lived in New York and lectured on modern art and literature at the New School for Social Research. Cremin (1964) wrote that "in a way, the union of psychoanalysis and expressionism was symbolized by Miss Naumburg's marriage for a time to Waldo Frank." From this marriage there was born one son, Thomas Frank. After eight years of married life, they were divorced in September, 1924.

A few years before she married Mr. Frank, Miss Naumburg had begun her work with children. With the knowledge acquired from her previous training and from her varied experience, including the exposure she had with Mme. Montessori, Miss Naumburg conducted experimental Montessori kindergarten classes at the Henry Street Settlement and the New York Public Schools. Cremin (1964) reveals that the Montessori method proved dull and unimaginative to her and in 1914 after a summer session with Marietta Johnson, she opened a school of her own. She was interested in organizing a school in which the emotional side of education would be emphasized as well as the intellectual side. The Walden School (at first named as the Children's School) was founded. She pioneered in the study of the unconscious life of children. A survey of the literature gives an interesting montage of Margaret Naumburg, whose main goal, established "on the basic psycho-

analytical insights concerning the importance of the unconscious in education as well as in psychotheraphy (Naumburg 1966) was successfully caried all through her adult life.

WALDEN SCHOOL - AHEAD OF ITS TIME

When Miss Naumburg organized the Children's School, she had very definite ideas concerning reforms that she wanted to bring to education. As a result of these ideas she retrained her teachers and directed the spontaneous, free art expression of groups of her children. The Walden School developed from a group of nursery age children and gradually expanded to include high school students. By 1928, the school had an enrollment of over 200 boys and girls divided into 13 groups ranging from 2 years of age to college age. In 1922 Miss Naumburg retired as director after serving for eight years, but she remained as educational advisor. It was during this period that she wrote her first book, The Child and the World. This book was based on her progressive educational experiences while at Walden School (Cremin 1957).

As director of Walden, her purpose had been to develop a new and innovative educational experiment. She was the leader in the application of psychoanalysis to education. She developed a curriculum based on the "apparently unlimited desire and interest of children to know, to do, and to be.

(Cremin 1964). The tension and the stiff posture of the formal school was unconditionally rejected.

> "...By applying the principles of analytical psychology, Miss Naumburg was convinced she could go beyond the constriction, the repression, and the misdirection of the group-minded mass methods of Mann and Dewey to a pedagogy that would preserve the vitality of each fresh crop of children entering the school." Naumburg 1928).

In searching for a curriculum that would nurture independence of thought and spirit, the faculty (at least half of them had undergone analysis at the urging of Miss Naumburg) emphasized the arts. Their argument was that artistic creation served to bring into conscious life the buried material of the child's emotional problems. In dramatics, in creative writing and especially in painting, the school excelled. In Walden's earliest years Miss Naumburg wrote:

> "I directed the spontaneous free art expression of groups of children. It was then that my deep interest was stirred by original and amazing images that these young children created from their unconscious." (1966).

Psychologists and artists have been working in the field of therapeutic art for many years. Now, educators have joined the ranks.

SISTER A GREAT INFLUENCE

Miss Naumburg, an educator, and her sister, Florence Cane, an artist, joined forces in providing art education for pupils at Walden School. Under the leadership of Florence Cane, art continued to be the great vehicle of self-expression in the school. Self-expression was the crux of the pupil's search for self. Guided by her readings of Jung and by her own analysis, Mrs. Cane urged the children to paint exactly what they felt impelled to paint. (Cremin 1964). She believed that the main value of creative expression experience for children was in its power to release their emotions and ideas, given them form, and through activity, develop and integrate the individual as a human being. Her program, a progressive approach to teaching art, was to coordinate abstract psychological problems and their solutions with the detailed technical means of instruction.

In working with her students, she made use of two strategies. The first consisted of bringing to fore material from the unconscious and the second was the use of the will to develop this material. This she equated to the analytic process. She described methods that she used as a teacher as being conjunctive with, and of great value to, an art therapist. Mrs. Cane wrote in her book, The Artist In Each

Of Us (1951), that a release of the creative faculty can take place as a child makes the transition from exercise in movement to drawings. With this transition, she introduced the "scribble" that she directed for the purpose of stirring her pupils imagination.

> "The intention here is to get away from conscious drawing and instead let the hand make an unconscious rhythmic pattern. The use of the left hand instead of the right also facilitates this intention. Having made this scribble, the student now should be asked to sit down quietly at a distance and contemplate it. The second step is the stirring of the imagination." (1951).

Of Additional importance to the art therapist is the following statement:

> "The objects seen (in the scribble) by older people very often reveal deep inner problems, conflicts or aspirations... it (scribble) serves the purpose of freeing the individual from the inhibition against getting started." (Cane, 1951).

Florence Cane also wrote...

> "...I found corroboration of my use of the scribble in a passage from Leonardo da Vinci's Notebook, Precepts of the Painter: A Way to Stimulate and Arouse the Mind to Various Intentions." (1951).

It is easy to understand that Mrs. Cane was an advocate not only of the importance of the unconscious, but also of conscious play as it relates to producing art work. She was

a leader in opening new frontiers in art teaching as well as in art therapy.

> "The recognition of the meaning of symbols in art is an important factor in the psychological approach to art teaching. As the teacher (and therapist) grasps the hidden meaning in the child's work, she can penetrate his problem and his needs." (1951).

With many innovative ways of using colors as well as lines, and with her progressive way of teaching, Mrs. Cane's program at Walden was tremendously successful. This Walden School, as organized and developed by Margaret Naumburg, was the first school in the United States to make use of the theories of psychoanalysis in dealing with the personality problems of normal children. This era in Miss Naumburg's life is recognized as the actual beginning of the practice of art therapy in America.

NAUMBURG OPENS THE DOOR TO ART THERAPY

As founder and director of a school of progressive education, and, a little later, the author of a progressive education volume entitled The Child and The World (1928), Margaret Naumburg became nationally known. She continued to work and study. Her background knowledge was enhanced, when, in 1939, she researched psychodramatic methods under Dr. J.L.

Moreno. The following year she continued this investigation by researching dramatic therapy at the Psychiatric Division of Bellevue Hospital. From 1941 to 1947, she received special training in psychiatry at Bellevue and at the New York State Psychiatric Institute, which led to her becoming a psychologist. With this impressive training behind her, she then began the practical use of art therapy under the guidance of Dr. Nolan Lewis in a research project at the New York State Psychiatric Institute.

Let us journey back into her history and reflect on how Miss Naumburg entered and pioneered in the field of art therapy. First, we must understand that she had a strong interest in the child's unconscious. Also, let's flashback to 1925, when, as I previously related, psychiatrist Dr. Nolan D.C. Lewis was interested in and also was credited by Naumburg in her later writing (1966) as having been the first psychiatrist to use analysis of the patients art expressions as an adjunct to psychoanalytic therapy. It was this psychiatrist, now the Director of the New York State Psychiatric Institute and Hospital, who gave Miss Naumburg the opportunity to study and research her theory of art therapy. She tells us that through conversation with Dr. Lewis, shortly after they met in 1941, she learned of his interest in the symbolic significance of pictures produced by his patients during anaylsis. On

inquiring as to whether he "might be interested in an experimental research program in the use of spontaneous art in therapy with some of the behavior-problem children in his hospital," he gave an affirmative answer and Margaret Naumburg was "in business." Art therapy was to come alive. Dr. Lewis was gifted with "far vision" and now, with his official blessing, she was breaking new ground. She worked for eight years under the medical guidance of Dr. Lewis in this pioneer field of psychotherapy - "dynamically oriented art therapy." Through these years she worked as research person in the Department of Clinical Psychiatry at the New York State Psychiatric Institute and Hospital. Two research projects were completed and she published the results in two books, defining her approach and describing her patients' art work. -

> Studies of the Free Art Expression of Behavior Problem Children and Adolescents as a Means of Diagnosis and Therapy, (1947).
>
> and
>
> Schizophrenic Art: Its Meaning and Psychotherapy, (1950).

Her work combined the creative and the analytic processes. Miss Naumburg refers to this process as dynamically oriented art therapy that...'

> "...is based on the recognition that man's fundamental thoughts and feelings are derived from the unconscious and often reach expression in images rather than words." (1966).

She further stated that...

> "..by means of pictorial projection, art therapy encourages a method of symbolic communication between patient and therapist. The images may, as in psychoanalytic procedures, also deal with the data of dreams, fantasies, daydreams, fears, conflicts and childhood memories. The techniques of art therapy are based on the knowledge that every individual, whether trained or untrained in art, has a latent capacity to project his inner conflicts into visual form. As patients picture such inner experiences, they frequently become more verbally articulate. Through the use of graphic or plastic expression, those who were originally blocked in speech often begin to verbalize in order to explain their art productions." (1966)

Thus, Miss Naumburg used the patients' artistic expressions in a manner that enabled her to explore the conscious and unconscious causes of illness and behavior to achieve therapeutic release and recovery.

From the State Psychiatric Institute, Naumburg began to work in art therapy with selected cases at the Mt. Siani Hospital's Department of Child Psychiatry in New York. In 1950, she joined the staff of the Children's Center at the Institute of Pennsylvania Hospital in Philadelphia, where she continued her work with selected patients. Years of private practice, both independent and in association with psychoanalysts, followed these institutional studies.

Margaret Naumburg has made the transition from educator, working creatively with wealthy, normal children in a private

school setting, to therapist, working individually with behavior problem children and ill adults in a state hospital setting. Her Freudian orientation to the unconscious and Freud's method of free association were of utmost importance in her work with patients in the use of spontaneous art expression. Now she was shifting from therapist back to educator.

SPREADING THE WORD

Along with her private practice, Margaret Naumburg began lecturing, spreading the word of this dynamically oriented art therapy. She became a much sought after lecturer, speaking at leading medical schools, psychiatric hospitals, clinics, educational institutions and psychiatric congresses all over the United States. She lectured for many years, introducing art therapy in Hawaii, Canada, and Europe.

Her educational efforts culminated in the development of training programs in art therapy. Miss Naumburg returned to the classroom in 1958 as a professor. She joined the faculty of the graduate division of Art Education and Clinical Psychology at New York University. There, she taught three courses, "Art Education and Personality;" "Case Studies of Pupils with Emotional Blocks in Creativity;" and "Principals and Procedures of Analytically Oriented Art Therapy." The first course mentioned included the principles of dynamic

psychology applied to the growth and development of children, adolescents, and teachers as a means of releasing spontaneous art expression. The second case study course included techniques and methods of understanding, releasing, and recording the unconscious problems of pupils through spontaneous art expression. This course was open to doctoral candidates in psychology, and included work in the principles and procedure of art therapy related to mental and emotional disorders in children, adolescents, and adults. The third course dealt with art therapy - its principles and procedures.

She taught at New York University for seven years before joining the faculty of the New School for Social Research in New York, in the Department of Psychology. At the New School, she offered a course entitled, "Introduction to the Practice of Art Therapy." In this course she presented the principles and practices of analytically oriented art therapy for art educators, psychologists, occupational therapists and social workers. She demonstrated, with illustrated material, how the techniques of art therapy were applicable to education and psychotherapy. She stated that dynamically oriented art therapy can be employed with pupils, clients, and patients. She was convinced that the course would help to increase the self knowledge which students needed in order to be effective in

the practice of art therapy. Various techniques for freeing spontaneous art expression were demonstrated and applied by the students. An advanced course entitled, "Case Studies of Pupils With Emotional Blocks in Creativity" came at a later date. It was similar in format to the course taught at New York University and had a heavy emphasis on developing case studies from practicum experiences that could be useful to educators or therapists in resolving the conflicts of pupils or patients. Skillful recording of the art therapy procedures was stressed. These two courses were open to graduate students who had completed work in personality theory and/or diagnostic methods, or to teachers that qualified according to Naumburg's judgement. Margaret Naumburg taught at The New School eight years until she retired in 1974.

THE MATRIARCH TODAY

Within the last decade, the pace of Margaret Naumburg's activities has slowed down a bit. During the time that she taught at the New School, she also continued to be active in other ways. She held an art therapy exhibit at the annual meeting of the American Psychiatric Association in Boston, Massachusetts, in May of 1968, where she explained "The Universality of Sexual Symbolism." The next year, she was guest lecturer at Hahnemann Medical College and Hospital's

Department of Psychiatry, in Philadelphia, Pennsylvania. In 1970, she went to England, where she presented several lectures. The trip was highlighted in Coventry, and when she delivered a paper to the Congress of the International Society For Education Through Art. Back in America, she was honored at the American Art Therapy Association's (AATA) first conference at Airlie Conference Center in Warrington, Virginia (1970). She was presented with a plaque designating her the first honorary life member of the AATA. After accepting the plaque, she addressed the group on the "Importance of Training Art Therapists in the Adequate Use of the Psychiatric Interview." Colleagues got a chance to greet her and many new and aspiring art therapists had the opportunity to meet her and listen to her words of wisdom.

Miss Naumburg, ATR (Art Therapist Registered) continued in her effort to acquaint art educators with the techniques and the benefits of dynamically oriented art therapy. One of her latest appearences was at the National Art Education Association at Queens College in Flushing, New York, where she presented a paper entitled, "The Value of Art Therapy." Her focus was on art education for the exceptional child. The most recent award conferred upon this great lady was the "Ernst Kris Prize" for her long and valuable contribution to psychotherapeutic art techniques. This distinguished award

MARGARET NAUMBURG, ATR

AATA CONFERENCE - AIRLIE, 1970
where she received a plaque as
First Honorary Life Member ...
Artist, Carol Steirer Carrino,
ATR, Director of Art Therapy
Education in the Master of
Creative Arts in Therapy Degree
Program of the Graduate School
of Hahnemann Medical College.

was bestowed by the International Society of Psychopathology of Expression at Boston University, where the association held its seventh International Congress.

Margaret Naumburg, ATR, has lectured extensively in this country and abroad. She has held many art exhibitions on the Application of Art Therapy to the Treatment of Mental Patients at meetings for members of the American Psychiatric, American Psychological and the American Psychotherapy Associations; The National Art Education Association, and many colleges and universities. She is the author of five books:

The Child and The World, (1928).

Studies of the Free Art Expression of Behavior Problem Children and Adolescents as a Means of Diagnosis and Therapy, (1947).

Schizophrenic Art: Its Meaning in Psychotherapy, (1950).

Psychoneurotic Art: Its Function in Psychotherapy, (1953).

Dynamically Oriented Art Therapy: Its Principles and Practice, (1966).

Her other writings include chapters in five other books and many articles in educational, psychiatric, literary and art therapy journals. Her professional record is monumental and so very extensive that I have not attempted to record it in detail - I have but highlighted this long and glorious career. As a result of Miss Naumburg's activities in the field of art

therapy research and education, art therapy has grown, and is continuing to grow, with ever exhilarating speed. Presently, Miss Naumburg is living with her son, Thomas Frank, in Boston, Massachusetts, and is working on another manuscript. This matriarch, an educator, a psychologist, and a psychotherapist, who delved deeply in aesthetics, has touched and influenced the lives of many individuals as she developed the field of art therapy. I know that I am the better for having studied under her and having applied the knowledge gained in my current activities as an art therapist.

It is significant that art therapy has not yet made an impact on the Black community. This may be because art therapy has its philosophical base in Freudian theory and practice, which has, from its inception, focused on middle and moderately disturbed, middle-upper class individuals. In fact, Freud was extremely clear about who benefited from Psychotherapy. He stated frequently that, while his personality theory was inclusive, the method and treatment derived from it was quite exclusive (Freud, 1935, 1959a, 1959b, and 1963).

It is important to remember that Margaret Naumburg introduced the use of art as a vehicle for individual psychotherapy, deriving her basic philosophy from Freudian theory and practice, thus perpetuating the reality of exclusiveness to the field of art therapy.

The underlying assumption that the poor (Blacks and other minorities) have not the aptitude to participate positively in individual therapy is reflected in who has access to therapy, and indeed, who "does" the therapy. That there is little more than a handful of Black professionals in the field of art therapy, as reflected by membership in the American Art Therapy Association, is as important a relevation as is the status of the group of people who generally do not have access to art therapy.

ART THERAPISTS ALL OVER THIS LAND

Gifted people with art experiences, psychological training and insight were working and gaining respect in psychiatric hospitals, clinics, treatment home and schools for the last thirty years. These pioneering individuals, working in key positions all over the U.S.A., developed techniques for using the drawings, paints, and clay modeling in psychiatris diagnosis and treatment. They have expanded the field of art therapy. As prime movers, they have shared their information, knowledge and research with art therapists and aspiring art therapists all over the world. The following information will document

some of the life and work of these pioneers in the field of art therapy, in order that we may remember..

EDITH KRAMER
ART THERAPY WITH CHILDREN'S GROUPS

The pioneers who ventured into unexplored territory include not only Margaret Naumburg, but Edith Kramer also. Miss Elinor Ulman, as editor of the then new journal, "Bulletin of Art Therapy," characterized the two leading ladies and their work as part of the first editorial...

> "Naumburg, who started as an educator, has evolved a form of psychoanalysis mediated by graphic and plastic productions, and now, at New York University, (and New School of Social Research) is bringing her experience as a therapist to bear on the problems of art education...
>
> ...Kramer takes Freudian theory relating to the creative process a big step further and tells how an enlightened form of art education helps in the treatment of disturbed children." (1961).

Edith Kramer feels strongly that the art therapists should possess the specialized skills of artist, teacher, and therapist, all at once. Dr. Viola Bernard stated that:

> "In essence, Miss Kramer's treatment takes advantage of the natural bent of latency and prepubery children towards art, and of the special ways that painting can foster emotional maturation. Her work is firmly based on psychoanalytic psychology of which she has an unusually sound and subtle understanding." (Kramer 1958).

Edith Kramer regularly cautions that...

> "...spontaneous production is invaluable in gaining access to the patients inner life, and therefore, is a legitimate part of art therapy, but it is by no means the whole of it. Art therapy includes as well the task of integration. At best, this is a labor of love, but all the same, it is arduous, not spontaneous." (Journal of Art Therapy, 10/74).

Miss Kramer, as one of the country's leading forerunners in art therapy, is an artist first and then a therapist. She was born in Austria, and educated in Vienna, Prague, and Paris. In addition to her formal education in Fine Arts, she grew up in an atmosphere where Freudian psychiatry was a dominant intellectual force. Both interests combined to shape her career in art therapy, which led her to study child psychology at the Psychoanalytic Institute in Prague. She conducted art classes for refugee children from Nazi Germany in Prague.

Miss Kramer escaped from Czechoslovakia in 1938, just before the Nazi's occupation, and moved to New York. Her first job after having been in the United Stated for two weeks was a shop and art teacher at the Little Red School House, a private, progressive school in New York. From there, she was employed as an art instructor at various settlement houses, but when the United States went to war (World War I), she took a job in a tool-making plant as

machinist. She has been a citizen of the United States since 1944.

After the war, she returned to Europe for two years to study and paint. She is a representational painter, and has had many exhibits. Her oils have been shown in two one-woman shows at the 44th Street Gallery, at the Grespi Gallery, and in the Art U.S.A. Exhibit in New York City, as well as other group shows at the City Center Gallery along with the National Association of Women Artists.

She initiated and conducted an art therapy program at Wiltwyck School for Boys, 260 Central Park South, New York, a residential treatment home for emotionally disturbed, culturally and economically deprived city children, ages 8-13, from 1950 to 1957.

Miss Kramer is a noted author in the field of art therapy, having written two books and a number of illustrated theoretical studies published in journals of national prominance. Her first book, Art Therapy in a Children's Community (1958), was a result of that broad based program at Wiltwyck School. Having worked with the total population of the same children's community over a period of years, she was able to observe and influence many facets of interesting creative processes within the individual and the group - thus, she was able to illustrate, in such illuminating style, the studies about these boys. (Kramer 1958). The book is truly a study of art therapy

in the treatment program of several boys at Wiltwyck that every aspiring art teacher-therapist should read.

In conjunction with her work at the school, she arranged an exhibition of children's painting from that school titled, "Art and the Troubled Child," which has been widely shown.

Art As Therapy With Children (1971), is Edith Kramer's second book. It is an informative study of a method of working with disturbed and handicapped children which includes principles and practices basically valid for the education of all children. Here, she stresses again how the art itself can be used as a means of therapy, rather than simply as an aid to diagnosis or as a form of recreation. Most important, she relates the discussions to problems of all children in today's society.

A member of the editorial board of the American Journal of Art Therapy (formerly The Bulletin of Art Therapy) since its inception in 1961, Kramer has had published many excellent articles concerning art therapy and the maintenance of the quality of work of art therapy. Her contribution to the literature is encompassing.

Edith Kramer is a practicing artist, art therapist, and educator. She is (and has been for many years) an art teacher-therapist in New York City with children - emotionally disturbed, blind and normal children. She has initiated and conducted therapeutically oriented programs at the two men-

tioned schools (little Red School House and Wiltwyck School for Children) and at the Leak and Watts Children's Home, Yonkers, New York, a home for dependent children of both sexes, ages 7-17. Edith Kramer is an art therapist and supervisor at the Albert Einstein College of Medicine, Department of Child Psychiatry, Bronx, and an art therapist at the Guild School of the Jewish Guild for the Blind, 15 W. 65th Street, New York, a school for blind and visually limited children who have learning and behavioral difficulties. Her work with children is renown.

Miss Kramer is an Associate Professor in Art Therapy at several leading colleges and universities. She was the first art therapist to offer training in art therapy with children, at the New School for Social Research and in the Arts in Therapy Program at Turtle Bay Music School, both in New York City. During 1968 to 1971, she served as instructor of the Art Therapy Training Program of the Hahnemann Medical College, Philadelphia, Pennsylvania. Her latest ventures include joining the faculty of the George Washington University (D.C.) and New York University (N.Y.C.) in their Masters Degree Art Therapy Training Programs.

As a humanist, Edith Kramer has urged the AATA to be aware of the fact that insisting on a masters degree as a requirement to be an art therapist, is exclusionary. She

constantly advocates that there are many mature talented (in art) or gifted (in working with the ill or problem laden) individuals who will be "turned off" by a formal educational program. She feels that the masters degree requirement of AATA is "shutting the door" to minority individuals interested in art therapy. Miss Kramer constantly advocates keeping the "doors open" for minority people, but maintaining a quality program.

This writer has found that it is a popular belief that when there is a large minority enrollment in an educational program, quality suffers. This is not true. It might mean a little more effort (work) on the part of the faculty, but quality does not have to suffer. With Edith Kramer as advisor, this writer is preparing an alternative educational plan (as Education Committee member) which will be presented as part of the report to the AATA spring (1977) Board meeting.

Although Edith Kramer is a very busy lady, she "makes time" to act as consultant to many of the different committee members of the American Art Therapy Association as well as members of the local art organizations. She was chosen as an Honorary Life Member in 1971 and, in 1975, sent a most fitting presentation as one of the five honorary life members' "Overview of Art Therapy and the AATA". Included were many words of wisdom and future projections of which I would like

to share....

> "...In answer to questions of whether art therapists should become proficient in other kinds of expressive therapies, she urged us to stick to our own competencies in graphic art. We might, she suggested, add to this in a connected field, such as architecture, where our special aesthetic insights might be activated for urgently needed changes in our physical environment.
>
> (Newsletter 1/76)

At the seventh AATA conference in Baltimore (1976), Miss Kramer, along with six others, took part in one of the leading AATA presentations - a panel discussion titled "Art Therapy: An Exploration of Definitions." The panelists, after defining art therapy for themselves, opened a discussion among the AATA members present. This proved to have been a lively affair with valued input from members as well as panelists.

This artist, author, art therapist, educator and humanist is a dynamic quiet efficient individual, who manages to find spare time to help both children and adults with enlighten wisdom and far-vision. Miss Kramer has broadened the dimensions of art therapy with her approach. She makes use of art as therapy for a broad and varied segment of our population (poor, minorities and oppressed). Her approach and work indicate that the creative process can be a means both of reconciling emotional conflicts and of fostering self-awareness and personal growth for all people.

HANNA YAXA KWIATKOWSKA
PIONEER IN FAMILY ART THERAPY

Hanna Yaxa Kwiatkowska, ART, is another pioneer and leader in art therapy. She was born in Poland where she completed her basic academic education and art training before entering the field of art therapy in 1950. Her impressive educational background includes a B.A. in Fine Arts, Ecole des Beaux Arts, Geneva, Switzerland; advanced studies at the Warsaw Academy of Fine Arts, 1929; Central School of Art, London, England, 1947; William Alsnson White Institute of Psychiatry, Psychoanalysis and Psychology, New York, 1951-1953; New School for Social Research, 1952-1953; Washington School of Psychiatry; 1955-1956, 1960-1964; and studied extensively with the first lady of art therapy in the U.S.A., Margaret Naumburg.

Mrs. Kwiatkowska became associated with St. Elizabeth's Hospital in Washington, D.C., where she remained until 1958. She then joined the staff of the National Institute of Mental Health in Bethesda, Maryland, where she initiated and developed a Family Art Therapy program and served as its head and consultant for sixteen years. She was Director

of the Art Therapy program of the Adult Psychiatry Branch of Clinical Investigation, Intramural Research at NIMH, 1958 to 1974, with emphasis on the development of Family Art Therapy and Research in schizophrenia and later served as consultant. She was also in private practice for a number of years. She was a member of the faculty, Washington School of Psychiatry, Washington, D.C., 1971-1973, and is currently Assistant Professor, the George Washington University, Washington, D.C., starting in 1971.

This distinguished person has thrice been the recipient of the Fulbright Travel award 1964-1966, 1969, providing her with the opportunity to conduct lectures and workshops in Brazil's main Psychiatric Centers, where she initiated and organized art therapy teaching programs which gained for her international recognition in this field.

The talented pioneer, Hanna Kwiatkowska, has made many presentations and directed workshops at major scientific meetings, universities, and psychiatric institutions; and scientific art therapy exhibitions for national and international Psychiatric Conferences. She lectured extensively here and abroad on psychoanalytically oriented art therapy; she was visiting professor, Catholic University, Rio de Janerio, 1957; and has lectured and taught in Poland, China,

Brazil, and the United States since 1932. She is also a professional sculptor.

Mrs. Kwiatkowska is considered the first lady of family art therapy and has combined her broad experiences, many talents, and extensive training to co-author 13 articles in 3 languages, which were presented at the Orthopsychiatric Association in 1964, American Psychological Association 1969-1971; American Society of Psychopathology of Expression 1969; Second Congress of Polih-American Scholars and Scientists, Columbia University 1971; and currently completed a textbook on Family Art Therapy.

Eight years ago, along with a small number of other dedicated art therapists, she worked against many odds and obstacles to help organize the American Art Therapy Association, where she served, first, as a chairperson of its Research Committee, later as a member of the Nominating Committee and currently as Chairperson of the Finance Committee (1975-1977). At the 1973 AATA Conference, this dynamic lady was awarded an Honorary Life Membership (HLM) in recognition of her long and distinguished services in the field of art therapy, especially Family Art Therapy.

Hanna Kwiatkowska's most significant contribution to the field is the direction that she has given through her work with families. This work is a giant step in the adaptibility

of art therapy to the community, as it gives assertive recognition to the social and environmental factors contributing to the individual's problems and an additional way of working toward their resolution.

ELINOR ULMAN-FOCUS ON THE EDITOR

The widespread interest that art therapy now has is due in a great measure to a pioneer leader in art therapy - Elinor Ulman. Miss Ulman, ATR, HLM, editor and founder of the Bulletin of Art Therapy, 1961, and an accomplished leader in the field of art therapy, was born in Baltimore, Maryland, and grew up in a suburbian section known as Mount Washington. Her father, Joseph Ulman, was a prominent Judge and her mother, Ella Ulman, a civic and social leader.

She received her B.A. from Wellesley College, where she was elected to Phi Beta Kappa, in 1930, and earned a B.S. degree in Landscape Architecture from Iowa State College in 1943. Miss Ulman studied Art and Art Education from 1930-36 and 1948-56, and completed courses in Psychiatric studies at the Washington School of Psychiatry between 1950-1961. Her studies in art included working with such greats as Maurice Sterne, George Gross, Othen Coubine. She studied Chinese brush drawing in Peking, China, and took courses in drawing, painting, and art education at the American University.

Her art exhibitions include: The New York World's Fair in 1939, Pennsylvania Academy of Fine Arts, Corcoran Bicentennial Show, Phillips Memorial Gallery, Baltimore Museum of Art (where she is represented in the permanent Cone Collection). Between 1934 and 1951, while an exhibiting artist and a teacher of painting, she became interested in art therapy. She had the distinction of serving an apprenticeship in art therapy in England in 1951. There, she assisted in an art class for handicapped children at the Whirely Special School, Reading, England.

Back in the United States, she pursued this new interest art therapy. She attended lectures and seminars on art therapy given by Margaret Naumburg in Washington, D.C. in 1956, and at the Washington School of Psychiatry during 1950-59. From 1951 to 1965, Elinor Ulman was employed as a full time psychiatric art therapist with the Alcoholic Rehabilitation Program. She started an art group in connection with the Alcoholic Rehabilitation Program of the District of Columbia, which was a "first" and eventually she became director of the Alcoholic Clinic's Occupational and Recreational Therapy Program. This gifted artist told of her beginnings as an art therapist when she wrote...

> "...the way my own career and ideas evolved. When I started working in a psychiatric clinic in the early 1950's, I envisioned myself as a potential art teacher, not as an art therapist. Guided by the new approaches to art education enunciated by such writers as Florence Cane and Henry Schaefer-Simmern, I

> wanted to try to be the kind of art teacher I wished I had had. Margaret Naumburg stood alone at that time as the spokesman and advocate of psychoanalytically oriented art therapy. I did not feel qualified to follow in her footsteps, but I was pleased and excited when some of the clinic patients led me a little way along that road. A much larger number of patients, however, did not try to translate the symbolic content of their pictures into words, yet it seemed to me that they too were getting something valuable from their work in art that nothing else could supply. People began to call me an art therapist and I even began to call myself one, but I was not sure that the title fitted me." (Bulletin, Vol. 6, No. 1).

For ten years she served as director of the Art Therapy Program which she initiated, and as leader of an art group along with supervising programs of occupational and recreational therapy for the patients of the Alcoholic Rehabilitation Clinic of the D.C. Department of Public Health. She brought to her work in the art therapy field previous experiences as an exhibiting artist, draftsman, and a technical illustrator.

From the Alcoholic Rehabilitation Program, Miss Ulman's next position was at the District of Columbia General Hospital; and since 1968, she has been a consultant in art therapy at the Northern Virginia Mental Health Institute, along with conducting her own private art therapy practice.

In 1957, she served on the faculty of Washington School of Psychiatry, which began a progressive career in art therapy

education. There she offered elementary and advanced courses. Before that she had been a visiting lecturer in art education at the District of Columbia Teachers' College, and a guest lecturer in art therapy at the Turtle Bay Music School. Later, Miss Ulman offered courses in art therapy from the Washington School of Psychiatry which were jointly sponsored by George Washington University. Elinor Ulman became coordinator of that training program - the masters degree art therapy program at the George Washington University.

This pioneer art therapist has made a major contribution to the growth of art therapy and to the development of many art therapists through her devotion to the Bulletin of Art Therapy, now known as American Journal of Art Therapy. She coordinated material and created a bulletin that encouraged interested individuals to enter the new field of art therapy. The plan for the Bulletin was to be a forum for the vigorous discussion of ideas. News of past and coming events carried in the Journal served as a vehicle for bringing art therapists together, keeping them in touch with each other, providing information about what therapists were doing in their own private sectors of operation. The emphases in the Bulletin were on "Art in Education, Rehabilitation, and Psychotherapy."

Elinor Ulman has been influential in the growth of art therapy. First, as editor of the Bulletin of Art Therapy, she must be credited as having enlarged the audience of individuals interested in art therapy. She had a "sense" for acquiring articles and a "flair" with words. Her selection of articles and relevant news items for publication was of tremendous help to aspiring and struggling art therapists all over the U.S.A..

The second major influence that must be credited to Elinor Ulman is that of being one of the prime movers in the founding and developing of the AATA. Miss Ulman served as Educational Chairperson for the first five years of the AATA's existence and continues, as a member of that committee, to be influential in formulating educational policy. She is a major proponent of the policy which would require art therapists to hold a masters degree.

IN THE BEGINNING

The organizer of the group that finally formulated a "plan" for an association, is another gifted lady, Myra Levick, whose vision and untiring efforts have been a prime force in molding art therapy into its present form.

It was at an APA (American Psychiatric Association) Conference in Boston in May of 1968, where Myra Levick cornered

the art therapists there who were presenting patient art work. She, Elinor Ulman, Margaret Naumburg, Edith Kramer, and Carolyn Refsnes Kniazzeh met for lunch and tossed around the idea of having a meeting of known art therapists. The big question was when and where. Coincidentally, Dr. Van B. Hammett, then Chairman of Hahnemann's Department of Psychology was present, and asked, and was agreeable to hosting a lecture series and cocktail party in Philadelphia for the art therapists. They kicked around ideas and formulated a skeletal plan. It seemed fitting that Elinor Ulman was chosen as guest speaker. The date was set. On December 5, 1968, about seventy-five known art therapists met at Hahnemann Medical College in Philadelphia to develop plans for a national association. This conceptual meeting was chaired by Myra Levick. An ad hoc steering committee of five people was elected to begin to develop plans for forming an art therapy association. They were charged with making a survey of existing art therapy practices and qualifications of those already working in the field. Paul Jay Fink, M.D., Director of Education, Department of Psychiatry at Hahnemann, addressed the group. Dr. Fink outlined criteria for the training of art therapists, which touched off lively discussions of numerous topics related to the proposed professional organization. Plans for their next meeting were made for Spring of 1969 at

the University of Louisville (Kentucky), which led directly to the founding of the American Art Therapy Association.

A GIANT STEP FORWARD: AATA

Part of the new impetus given art therapy was the founding of the AATA in 1969. The five founders (among others) who had been invited to Hahnemann and elected to explore possibilities for a national organization were: Myra Levick, pro tem president; Elinor Ulman, pro tem secretary; Felice Cohen; Don Jones; and Robert Ault. This Ad Hoc Steering Committee worked diligently for a year on plans for the organization. Then, in late June of 1969, about 50 art therapists, educators, psychologists, and psychiatrists met at the University of Louisville in Louisville, Kentucky, to formulate plans for the organization. That membership meeting was most productive.

Priority items included in the constitution were the advancement of professional standards, the development of criteria for training, exchange of information, and the advancement of research. The new American Art Therapy Association elected for its first officers - President; Myra Levick, Director Adjunctive Therapy Education, The Hahnemann Medical

College, Philadelphia, Pa.: President elect; Robert Ault, Art Therapist, C.F. Menninger Memorial Hospital, Topeka, Kansas; Secretary; Felice Cohen, Head Art Therapist, Child Guidance Center of Houston, Texas: and Treasurer; Margaret Howard, Director of Art Therapy, Children Medical Center, Tulsa, Oklahoma. The standing committee chairmen elected were: Elsie Muller, Art Therapist, Gillis Home for Emotionally and Psychiatrically Disturbed Children, Kansas City, Mo.; Constitutional Committee: Finance Committee; Bernard Stone, Director, Art Psychotherapy Department, Good Samaritan Medical College, Ohio: Publication Committee; Don Jones, Director of Adjunctive Therapy at Harding Hospital in Worthington, Ohio: Education Committee; Sandra Kagin, Director of Art Therapy, Parsons State Hospital and Training Center, Parsons, Kansas: Information Committee; Helen Landgarten, Coordinator of Art Therapy, Child Family Section, Cedars-Sinai Medical Center, Los Angeles, California: Research Committee; Hanna Y. Kwiatkowska, Head of Art Therapy Unit and Consultant, Adult Psychiatry Branch, National Institute of Mental Health, Bethesda, Maryland: and Professional Standards Committee; Ben Ploger. The Executive Committee accepted the fundamental challenge and worked hard and long to implement the few main priorities that AATA had set forth.

Members at that meeting and later at the executive board meeting held in Tulsa, Oklahoma in February 1970, felt it advantageous to retain this group of officers and committee chairmen for one more year without an election. Permission was granted by membership to waive the election for 1970.

Under the leadership of Myra Levick, AATA held its first conference - "Techniques of Clinical Practice" in late September of 1970, at the beautiful estate called Airlie Conference Center in the foothills of the Blue Ridge Mountains near Warrenton, Virginia, about 45 miles from Washington, D.C. The weekend of the 24th, 25th, and 26th of September was a historic time for most of us art therapists and those aspiring to be art therapists. The purposes of this open meeting were to encourage the exchange of ideas, provide a forum for the discussion of art therapists' problems, and present a backdrop of workshops, research presentations, etc., to stimulate the exchange of methods and techniques used in art therapy.

On the afternoon of September 24th, preliminary to the main part of the conference in Warrenton, Mrs. Hanna Y. Kwiatkowska offered an impressive and relevant seminar at the National Institute of Mental Health on art techniques used in the treatment of families.

It is interesting to note that about 100 interested participants attended this initial conference, at which time 122 applications for membership had been accepted and 78 additional applications were in the process of being reviewed. In one year, the total membership would possibly be raised to about 200. With this type of response, including input from so many of the members, all could see that the American Art Therapy Association had made a giant step forward for all art therapists.

> "The AATA Conference in Warrenton was highlighted by the presentation to Margaret Naumburg of the first Honorary Life Membership. It was, in many ways, the most single important event among a multitude of others because of its special meaning! The honor was not so much in the receiving as in the giving; in the act of being able to include in the membership of this young organization one who had the vision, who cleared the way and planted the seeds which are now taking root and sprouting.
> (Jones, Vol. I, #4 Newsletter)

This first conference was the beginning of AATA's annual meetings and workshops. During the last six years, much has been accomplished at those work-filled conferences. These and future conferences will play a particular role in developing art therapy and in formulating and maintaining policies, programs, and procedures. The annual conferences play a role in terms of responding to a large segment of local associations' concerns. They provide a forum where art therapists can look

at the internal aspects of the national association. Fellowship prevails at the annual conferences. New acquaintances are gained and old acquaintances are renewed.

LOOKING BACK

Let me cite one or two of the outstanding features of each of the past conferences. The monumental decision of the first conference was to certify art therapists (under the Grandfather Clause) who had been working in art therapy at psychiatric settings for five years. There were about 61 art therapists who qualified for certification under AATA's grandfather Clause. The Grandfather Clause accommodates the self-made art therapists who have worked diligently and conscientiously to achieve their goals. It is a clause that is widely used to admit into new organizations individuals who have been practicing the discipline of the organization for years. AATA members may apply, go through channels and become recognized as Registered Art Therapists (ATR).

The second and third annual AATA Conference at Milwaukee, Wisconsin and Philadelphia, respectively, focused on the organizational problems of instituting art therapy programs in various settings; and on the clinical problems associated with different types of patients, such as the physically ill, the suicidal, and the socially deprived.

In 1973, the 4th Annual AATA Conference at Columbus, Ohio, had as its theme "Application and Innovation." The format of workshops gave experiential opportunities to visitors as well as members. The next year, during "Creative Therapies Week" (Oct. 24th and 27th), in New York City, the 5th Annual Conference had two focal points - one with joint presentations by dance and music therapists, and the other a panel session, "Art Therapy and the Third World: The Rationale for a Cultural Specific Approach."

Finally, the 6th and 7th Conferences at Louisville, Kentucky and Baltimore, Maryland (1975 and 1976), were highlighted by the Honorary Life Members' presentations, "Overview, Louisville 1969 to Louisville 1975," and the following year, by the AATA presidents, in a panel discussion "Presidents Overview." The two "overviews" sketched the history of AATA for all to be cognizant of its "growing pains."

The beginning of this new organization brings into focus responsibilities for new study, continual exploration, and research. The officers are continually encouraging the membership to move forward, positively, to meet the growing needs of the American Art Therapy Association (AATA) in education, in employment, and in other important areas. The membership has grown by leaps and bounds to about 300 ATR's (Registered Art Therapists) included in the list of almost 700 active members. The responses to the calls to conferences have

clearly demonstrated tremendous interest and support for this relatively new field of art therapy. Professionals in the field, students, and interested individuals, attend the conferences in ever increasing numbers and share as co-learners.

The AATA, since its inception, has been prominent in spearheading standards for art therapists as well as educational policies for future art therapists. The high standards and educational requirements have not taken into account regional and cultural differences. As a result, the colleges and universities are following AATA's lead, and the exclusiveness of art therapy is being perpetuated.

In the entire AATA, there are about five Black student members. There are so few Black students enrolled in Masters Degree granting Art Therapy Training Programs of colleges and universities until it is cause for alarm. I refer now to the area including Washington, D.C., Philadelphia, and New York, only because I am most familiar. The universities and colleges there have about three Black students (or less) registered in each therapy program.

During an ad hoc committee report, this writer was informed of some facts. They included the information that two of the three scholarships for minority students at a college in Philadelphia were not being used. Could the problem there be that the entrance requirements are so stringent and

selective until no Black student qualified? The director stated in an interview that she had the sole power to say "yea or nea," based on whether she felt that she could "live with them" (students) for a year (as their major professor). Isn't this too much power? If the director likes the way the individual looks and acts, and if the potential student presents a creative art protfolio, she may be accepted as one of the chosen few. However, if the director doesn't like a prospective student's looks, or her tone of voice, or her body language, or if her art expression appears "off beat" in the director's opinion, the individual is out. This is the type of power that causes powerless people to have problems.

A student participant on the ad hoc committee reported that the graduate level art therapy program at the university in the District of Columbia, which he attends, has no scholarships for minority students. If minority individuals, after looking around for scholarships, fellowships, or financial aid, have not been so lucky, they dare not give up their current jobs to enter the masters program of the university. With either field work or a practicum required each semester, a full-time job is hard to hold. Two Black students graduated from the program about four years ago, and one is currently nearing graduation. The student committee member stated that there are two other Black students in the art therapy program

that are "making" it somehow.

Through an interview with two Black students from a college in New York, this writer was informed that the program lacked effective counselors and sensitive helping professors in the field. It was reported that two Black students have withdrawn (1976), another was arbitrarily placed on probation (too militant) based on a professor's judgemental actions. Later, with his "power", he revoked the probation. This student and one other co-learner are struggling without much assistance or encouragement.

The exclusionary process, beginning with the formulation of art therapy to follow the Freudian concept, is continuing to be perpetuated within the art therapy training programs of colleges and universities. The outlook appears more grim for minority students, when one realizes that all of the leaders and professors of these programs are members, and in most cases, leaders in the American Art Therapy Association.

LOCAL ART THERAPY ORGANIZATIONS

During the time of AATA's formation, local art therapy organizations had developed. The first local art therapy group in America was the Wisconsin Art Therapy Association. This group had the vision to organize even before the AATA was

founded. At this writing, I cannot for sure state the exact number of local associations, but I can say that there are many located throughout the United States. Today, members of local associations are playing the leadership roles in priroity areas needed in this new field of art therapy. An example of this is the work that the California group and the District of Columbia group had done. Two members representing the Northern California and the Southern California groups were involved in getting art therapy as a part of the California Civil Service and legislative regulations pertaining to all health facilities in the State of California. Other state organizations are following the lead. Washington, D.C.'s Metro Area group, known as the Potomac Art Therapy Association, has as its focal point, lobbying on the Hill for federal job classifications. The Potomac Art Therapy Association is one of the newest groups formed (1975), along with Georgia, Florida, Illinois, and Missouri organizations. All art therapists are cognizant of the need to organize and focus collective strength on priority issues.

Many local associations have been organized and are active. Most organizations were started in a manner similar to the Maryland's group. Having been a part of this beginning,

I feel I must unveil the origin and growth of the Maryland Art Therapy Association (MATA). Our group was born shortly after the first AATA meeting in Airlie, Virginia, in 1970. The first organizing members were Aina Nucho, Regina Krouse, Jayni Perlman, Roberta Shoemaker, and this writer. We had met at Airlie by identifying ourselves by our convention name tags and since each of us knew few of the other members, we became clanish. After we returned to Baltimore, Roberta Shoemaker invited us to her home to begin discussions on organizing an art therapy association. One of the local art therapists, Reggie Krouse, needed aid in organizing a program and requested help. In response, Roberta had suggested to her that there were several art therapists in Baltimore who would be happy to assist her in developing her program. Roberta Shoemaker had the far vision, Reggie Krouse had the immediate need and the five of us had the desire to put art therapy before the public. We came together in January 1971, and formed the Maryland Art Therapy Association. The Association is open to all active art therapists, students, and other persons interested in art therapy.

The Maryland Art Therapy Association was organized for the progressive development of art therapy. This includes

the advancement of research, the improvement of standards of practice, and the provision of vehicles for the exchange of information and experiences of persons engaged in the practice of art therapy.

The monthly meetings, pertinent information, and art therapy news are announced in the local publication, NEWSLETTER, that is circulated monthly. The organization is steadily growing from its beginning in 1971, with 5 founding members to the present (1976) membership of 40 regular members, 15 student members, and 10 associate members - a total of 65 members. This increased attendance is evidence of the growing interest in art therapy in Maryland.

These monthly meetings include a program of some type. It may be a presentation by a leading pioneer or leading personality in art therapy, as well as one of the members who is a local leader in art therapy. Discussions and opportunities for experiential learning under the guidance of the local experienced practitioners receive major emphasis in the Maryland Art Therapy Association program. In addition, special workshops and exhibits are interspersed between regular meetings.

The highlight of the Maryland Art Therapy Association's year is a one day annual conference. In 1972 (the organization

being small), we started, not with a conference, but with a dinner. We invited Ms. Elinor Ulman, Editor of the American Journal of Art Therapy, to be our guest at an informal (but special) dinner, where we all got to know this brilliant journalist-art therapist first hand. In Maryland, we feel very fortunate living in close proximity to many of the leading pioneers in art therapy. Taking advantage of this geographical proximity to New York, we invited Ms. Edith Kramer to be our featured speaker at our first (1973) Maryland Art Therapy Conference at the Sheppard and Enoch Pratt Hospital. Her theme was "Art Therapy With Children," with Dr. Lawrence Kubie as discussant. During the morning hours of the conference, we convened many workshops, including "Use of Movement in Art Therapy," presented by Mildred Lachman of D.C.; Joan Kellogg of MATA, conducted a workshop on "Research Mandala", and Barbara Treasure (MATA) presented a paper, "The Last Picture: The Process of Termination in Art Therapy." Local members, Gwen Gibson, Roberta Shoemaker, and this writer, conducted workshops on "Fundamentals of Art Therapy" for new friends and students. The following year, Mrs. Hanna Kwiatkowska, a pioneer in Family Art Therapy, and a new friend of the members of the MATA, was invited to present art therapy with a family at the Maryland Psychiatric Research Center in Baltimore, Maryland. That conference (1974),

entitled "One Day's Journey", featured, in addition to Mrs. Kwiatkowska, Ms. Barbara Maciag and Dr. Roland Fisher, in separate presentations. In 1975, Goucher College hosted our one day conference. As each conference had been unique, so was this 3rd annual one, with the morning session having a panel moderated by Cliff Joseph, ATR, from New York City. This panel on the "Third World", included a local artist, Dr. Randall Craig; D.C. art therapist, Georgette Power, ATR; Dr. Gustav Jackson, noted scholar who has conducted numerous studies on the interrelation between culture and knowledge; and this writer. The afternoon program was divided into three sessions; Edna Salant, ATR, "Art Therapy With Young Children,"; a local MATA member, Bonnie Smith presenting a Fundamentals of Art Therapy Workshop. The following year (1976), MATA was host to the American Art Therapy Association during the 7th annual conference.

Maryland Art Therapy Association is one of the leading local associations, having a national officer and five AATA Committee members and Chairperson of the 7th Conference Committee. Gwendolyn Gibson, ATR, Art Therapist at Baltimore City Psychiatric Day Care Center was local Co-Chairperson as well as national program Co-Chairperson of the 7th Con-

ference of AATA. She is currently (1976-1977) National Treasurer and formerly Ad Hoc Committee Chairperson (1973-1975) "To study relations between Local and National Associations". Michelle Flesher, ATR, Art Therapist at Gundry Hospital, Catonsville, Maryland, the past local president and Seventh Conference Chairperson, was one of the signers of AATA's Organizational Charter, and a presenter at the First AATA Conference in Airlie, Virginia. Dr. Aino Nucho, ATR, professor at University of Maryland, Baltimore City Campus, a past local president and a former member of AATA Research Committee, was the prime mover as Co-Chairperson of the Program Committee for the Seventh Conference. Roberta Shoemaker, ATR, Art Therapist at Sheppard Pratt Hospital, was MATA's organizer and first president, and is currently Public Information Chairperson. Nationally, she has been on Publications and Standards Committee, and a presenter at three AATA conferences. This writer, ATR, is adjunct professor of Art Therapy at Antioch College, Homestead-Montebello Center, Coppin State College, and Art and Play Therapist at multi-service center - all in Baltimore's inner city. The writer was one of the founders and third president of the local organization, as well as former Co-Chairperson of the Seventh AATA Conference, and Ad Hoc

Committee Chairperson, "To Investigate Encouraging Minority Groups to Enter and Study In The Field of Art Therapy." Maryland Art Therapy Association members, like many State (Art Therapy) associations, are active and enjoy being involved locally and nationally.

In retrospect, I would like to leave this bit of knowledge gained through experience. In developing a local organization, public notice should be displayed several times prior to the first meeting. Best wishes to all future organizations.

SO STRANGE MY PATH

So far, I have written mostly about influential women in art therapy. Now, let me turn the profession over to the men - at least to a few of the leading men in art therapy. The first to come to my attention is a Marylander involved in the therapeutic art aspect of art therapy in the public schools as well as in the hospital settings during summers. Myer Site, who is known for his therapeutic art education in the Baltimore, Maryland Public School system, is a self-directed art therapist who was able to acquire his knowledge by researching and reading the literature extensively and by interacting with the other pioneers in the art therapy field.

In his art classroom, before he met Margaret Naumburg, and before the field of art therapy was defined, he had perceived patterns and formulated concepts from the raw material of his art experiences and worked in an intuitive way with his "slow learners and fast learners too." Myer Site taught minority children in an urban school setting for his entire teaching career. His seventh grade students were both Black and white, about evenly divided. Because of the lack of art supplies, this young art teacher had to be ingenious with what he had - drawing paper (18"x24") and chalks. He also recognized that these students needed something a little extra - empathy and understanding. He began encouraging them to create spontaneous drawings, free expressions of their dreams, their hopes, their fears and their desires. This, they did, and Myer Site took time with each child to elicit his/her story about the picture when it was completed. Some of these pictures, though almost fifty years old, still tell their stories graphically as well as the accompanying words that had been recorded.

Margaret Naumburg had stated in the preface of her book...

> "It is hoped that educators and parents of normal children will recognize that the release of the unconscious into imaginative and spontaneous art projections is also of vital importance for

the balanced ego development of the normal child." Naumburg (1947).

In eliciting artistic expression from his public school students, Myer Site had encouraged the children to be creative while using the art in a therapeutic manner.

During his years of experience as an art teacher and an art therapist, he was constantly in contact with the leading professionals in art therapy - Margaret Naumburg, Edith Kramer, and Elinor Ulman. He absorbed relevant information through dialogue and observation and continued his therapeutic art classes and art therapy sessions, making use of this additional information in a manner suitable to junior high school students and to patients, during the summer. Mr. Site recognized that his approach and insight were useful in working with his students. He has been working quietly, but steadily for more than 40 years in the field of therapeutic art. What Myer Site has to say was best said in his letter to me in 1972. His writing about his life to me gives me the best chance for you to glimpse into the life and feelings of this sensitive man. Let me share his letter.

Friday, February 11, 1972

Dear Lucille:

Why do some people become art teachers, or whatever, or no matter what, and then what makes them change their path so that they become art therapists? Recently, I've been reading a book, an autobiography, by Abraham Carmel, a contemporary Englishman. He calls his book So Strange My Path. In his book, Mr. Carmel tells of the path he took, when having been born of Anglican parents, he later became a Catholic priest, and then, later still, he converted to Judiasm and changed his English gentile name to the Jewish name of Abraham Carmel. In his interesting life story, Mr. Carmel discusses the reasons upon which he changed his religious path.

I've been thinking about Mr. Carmel and his religious path, and also I've been thinking of my art education and art therapy path. I've been thinking too, of your art therapy path, and the paths of many other art therapists and art educators and psychologists, too.

Art education and art therapy have also had paths throughout their histories. My own interest in these 2 fields has a history of paths, as does yours, and all of the other art therapists.

So, I've enclosed some material related to the path I took through art education to art therapy art education stand and of my interest in the relationship which exists between the two.

You will see a copy of an article, which appeared in the Syracuse Herald Journal on July 27, 1964. I gave a talk at Syracuse University in '64. I've given you a copy of the talk I gave there. I've also enclosed a copy of an editorial article from The Sunday Sun of June 16, 1958 . in which I and my work at Southern High School are mentioned. In addition, I've enclosed a clipping of Eleanor Nash's article in which she discusses me and my work in art appreciation at School 49.

Furthermore, I've enclosed some xeroxed copies of pages from the book, Readings in Art Education by Eisner and Ecker, published in 1966. I've chosen to send you some of the pages in this book which deal with that path in the history of art education or which Naumburg, who founded The Walden School, in New York, over 50 years ago, took. In her first book, The Child and The World, published in 1928, she discusses the relationship between the art and the child and the unconscious needs and desires that underlie his behavior.

I did not know about Naumburg until 1947, 21 years after I began to teach art. But I had already become aware of art education as an instrument in the service of mental health. Hardly any art teachers ever spoke of this with me. But I had spoken about it with the art director, Dr. Winslow. So, I was not

surprised when, in 1947, Dr. Winslow called me to his office and gave me a copy of Naumburg's book Studies of the "Free" Art Expression of Behavior Problem Children and Adolescents as a Means of Diagnosis and Therapy. Winslow told me that he knew I was the only art teacher in Baltimore who'd be interested in Naumburg's book. He wasn't interested. He gave the book to me. It was in that year, in 1947, that I wrote to Naumburg for the first time. I knew that the path I had chosen in art education - art - the service of mental health - was right.

You understand, I'm sure, as he, Dr. Winslow and other art education people did not, then in '47 and even since - that the release of the unconscious and the conscious mind into imaginative and spontaneous art projections is also of vital importance for the balanced ego development of the normal child - and I will add - normal adult, too.

So strange my path? Right? And yours, too? Sure! But, strangely right. It was those art teachers and school administrators who did not realize the implications in the great work of Naumburg, Cane, Kramer and Ulman, who did not and have not moved forward. That's strange, too! Isn't it?

Always,

/s/ MYER

Myer has served as lecturer and panelist for numerous meetings - serving at many of those meetings along with other pioneers Margaret Naumburg, Edith Kramer and Elinor Ulman. The following reprint from the Syracuse Herald-Journal (New York 1964) will attest to the meetings and provide a peek at Myer Site and Margaret Naumburg:

SYRACUSE HERALD-JOURNAL, Monday, July 27, 1964

Symposium Opens Tomorrow at SU

Experts and laymen from education and the arts will consider "Creativity for the Exceptional Individual" in a three-day conference at Syracuse University, beginning Tuesday.

The Ninth Symposium on Creative Arts Education opens at 2:30 p.m. in Gifford auditorium with a talk by Myer Site of the Baltimore, Md., public schools on "Art, Spontaneity, and the Slow Learner—the Fast Learner, Too."

The symposium is sponsored by the Schools of Education and Art and directed by Dr. Michael F. Andrews, dual professor of art and education.

Other speakers include psychologist and art therapist Margaret Naumburg, and Edith Kramer, research art therapist at the Albert Einstein College of Medicine in New York. Miss Naumburg will discuss "The Role of Spontaneous Art in Education and Psychotherapy" at 8 p.m. Wednesday in Gifford.

Miss Kramer's talk on "Pictograph, Stereotype, and Art" at 8 p.m. Thursday in the auditorium closes the symposium.

Also on the program are John Fontaine, Rhode Island State School for the Mentally Retarded; Dr. John Lidstone, Queens College; Mrs. Rawley Silver, teacher of the deaf from Rye; and Elinor Ulman, editor of Art Therapy magazine.

Syracuse faculty participating include Dr. Andrew Shotick, Dr. Marvin Gold, Barbara Nash, Marjorie Smith, and Mrs. Laura Preston.

General sessions are open to the public.

MYER SITE

MARGARET NAUMBURG

One of Myer Site's favorite passages from Margaret Naumburg's writings sums up his philosophy so well -

> "...What matters most is that the creative imagination be encouraged to bring forth original forms of expression that gives both release and satisfaction to the creator. The secondary consequence of such creativity means that it will be shared by others...spontaneous expression may help to free children from the acute strain and conflicts of their existence ...The effort to encourage this kind of spontaneity in expression has no relation to obtaining a carefully finished picture to meet adult approval. Its primary purpose is to open up the inner emotional life of the child in some form that satisfied him. The picture may be careless, crude, ugly, or inaccurate in terms of adult judgement. Pleasing an adult is of no consideration. An understanding teacher accepts without criticism, and with considerable sympathy and interest, whatever a child wishes to produce. The teacher's personal taste should not intrude into his response to children's attempts at self-expression. A single genuine and crude design by a child is worth more to his inner development than any number of prettified pictures that are produced with the help of a teacher." Naumburg (1947)

The art critic of the Baltimore Sun, Kenneth B. Sawyer, wrote in a June, 1958 article, "A Conversation With Myer Site," has characterized him:

> "...this gentle, self-effacing man...has listened quietly, leading the discussion with a few carefully chosen words that strike to the heart of the matter. As one listens to those words, he grows increasingly aware of the dimensions of Mr. Site's dedication, of his texture and of his understanding of young people.

> Based on his own sound judgement, and 32 years of experience in the Baltimore school system, his philosophy stems from the conviction that art is a mode of expressing the uniqueness - the humanness - of the individual. It follows that no formula, no method, is possible apart from the painstaking encouragement of each child to express that which he experiences either in his response to the physical world or to that less palpable world of the imagination...Teachers like Myer Site, are our present pioneers."

Ironically, now, though both of them may be considered old in years, they are still young in views and active in the field of art therapy. Miss Naumburg, as I mentioned before, is working on a new manuscript; Mr. Site is working with a group at the Waxter Center for Senior Citizens in Spontaneous Art Expression, and is currently presenting his second annual exhibit of their work. He said about it:

> "I believe that the pictures I would like to exhibit demonstrate quite clearly my methods of eliciting personal expressive drawings from my students along with the students' verbalizations about their pictures.
>
> The imageries of the class members' original drawings are inspired by the person's own meaningful imaginations and recollections of their very own personal life experiences, feelings, moods and daydreams.
>
> All of the pictures are made with chalk because the group can handle it quickly and easily while they are emotionally involved with what they want to portray and express."

And he had written to this writer in 1972 (and it still holds true), "I knew that the path I had chosen in art education

art therapy - the service of mental health - was right. So strange my path!"

SPEAKING OF MEN

Briefly, let me mention four other pioneers in the field of art therapy who have been influential in their local areas in developing the field. Mr. Karl Metzler is the psychiatric art therapist who pioneered in the use of finger paint as a projective techniques with his patients in the Phipps Clinic at Johns Hopkins Hospital. He developed this method because of its primitive direct form of expression - the painting with fingers and hands. Mr. Metzler retired several years ago, after a long career of almost 20 years at Johns Hopkins Hospital. He has returned to his beloved painting and sculpting, but takes time out to teach a workshop in art therapy at the University of Maryland, School of Social Work in Baltimore, Maryland.

Mr. Prentiss Taylor, ATR, of Rockville, Maryland, is also a pioneer, having worked for many years as an art therapist at Saint Elizabeths Hospital in Washington, D.C.. His tenure as art therapist at Chestnut Lodge, in Rockville, Maryland, where he works today, goes back quite a few years.

He wrote:

> "I came to this art therapy without previous psychiatric training, only with the knowledge that recovery in mental illness needs supporting activities that encourage independence, not just occupation."
> (American Journal of Psychiatry, 1950)

Dr. Benjamin Ploger, ATR, is one of the pioneers in this new world of art therapy. He is professor of Art Therapy in Delgando College, New Orleans, Louisanna, and is consultant at DePaul and River Oaks Hospitals, also in New Orleans.

He served as Chairman of the Standards Committee of AATA during the organizing years. He is on the Peer Standards Review Board, representing Region VI, and has the distinction of being the first "paid-up life member" of the American Art Therapy Association.

One of the pioneers in psychiatric art therapy is Donald L. Jones. He has been an art therapist for 34 years, starting at the Menninger Memorial Hospital in Topeka, Kansas, where he introduced art therapy. Years later, he taught Robert Ault, the artist and first president-elect of the American Art Therapy Association, the principles and practices of art therapy. After working as Director of Creative Arts Units for about ten of his twenty years of service at the Menninger Memorial Hospital, he moved to his present location at Harding Hospital where he is Director of Adjunctive Therapy in Worthington, Ohio.

Don Jones and the other pioneers have worked for over a quarter of a century in a quiet methodical manner; and they continue to work today in art therapy with many students and patients. They have been effective in helping many through the use of the therapeutic art modality. But the pioneer, Don Jones, ATR, is currently the greatest influence on the most people. He is the President of AATA at this writing, and was one of the founders of the American Art Therapy Association in 1969. He served as the first Publications Chairman, informing all art therapists, through the Newsletter, of the important happenings among the members and the local organizations. He was a moving force in organizing Ohio's local Buckey Art Therapy Association. Don served as President-Elect and is our 4th President (1977).

So many States have dedicated art therapists working, but few people knew about them until the American Art Therapy Association brought them to national recognition. In turn, they have been influential in their work in the association.

Wayne Ramirez, ATR, was instrumental in initiating and helped in creating the Wisconsin Art Therapy Association (WATA), the first in the nation. He was WATA's first president, and was the chairman of the 1971 AATA's annual conference in Wisconsin. He has been Director of Art Therapy at the Milwuakee Psychiatric Hospital and Art Therapist and Counseling Therapist at Lad Lake, Inc., Dousman, Wisconsin. He has developed graduate curriculum in art therapy at the University of Wsiconsin, Milwaukee, and is a professor of art therapy. George Horaitis, another member of WATA, was elected Publications Committee Chairman for 1971-1972. He not only did an excellent job as editor of the Newsletter, but also served as the Co-Chairman of the 1971 AATA Annual Conference with Mr. Ramirez. He was Co-Director in Art Therapy at the Milwaukee Psychiatric Hospital, and is now assistant instructor in art therapy at the University of Wisconsin, Milwuakee. Brother Author, also a member of WATA, is an art therapist at St. Charles Boys' Home (a remedial school for emotionally disburbed). He served as Secretary of AATA in 1972, along with fellow member Mr. Horaitis.

Dr. Joseph Garai, ATR, is a hard working influential Director of Art Therapy and professor of Psychology in the graduate degree program at Pratt Institute in Brooklyn, New York.

He is credited as being the prime force in the New York Art Therapy Association (NYATA). He has been a major presenter at most of the AATA Conferences. Cliff Joseph, ATR, another professor of Pratt Institute Graduate Art Therapy Program and NYATA member, is an art therapist at Lincoln Hospital Community Mental Health Center, South Bronx, New York. Having worked in art therapy in a variety of settings, with Third World people, he was a natural to spearhead the dynamic panel dealing with the controversial subject, "Art Therapy and the Third World," which was the focus of the AATA's Fifth Annual Conference in New York (1974).

Dr. Bernard Levy, ATR, is close to the hearts of many students from George Washington University in Washington, D.C. He is not only professor of Psychology, but also organizer and Co-Coordinator of Art Therapy in the Department of Psychology. There, he had studied art at Pratt Institute, but shifted to psychology after his military service. Dr. Levy has been an active vocal member of the American Art Therapy Association since its inception. He was Chairman of AATA's Public Relations Committee (1971-1973), and is presently Chairman of the Research Committee (1975-1977).

Robert E. Ault, ATR, has the distinction of being not only one of the founding fathers of American Art Therapy Association in 1969, but its first President-Elect. He moved

easily into the Presidency in 1971 to 1973, and is currently (1976) Chairman of AATA's Professional Standards Committee. Mr. Ault has been an art therapist at the C.F. Menninger Memorial Hospital in Topeka, Kansas for 15 years, of which half of the years were spent as Director of the Creative Arts Unit. In 1970, he exchanged positions of director for educator. Bob became a member of the education unit of the hospital and concurrently with this clinical work, he was Adjunct Professor of Education at the University of Kansas, where he teaches a course in art therapy.

These sketches encompass only a birds-eye-view of some of the pioneers and leaders who have played, and who are continuing foremost and prominent roles in the shaping of the field of art therapy on their own and through their local and national organizations.

NEW DIRECTIONS

With an expanding membership of active and energetic men and women in the AATA Organization, it is only natural that art therapy should "spring out" into new directions.

The humanistic direction that art therapy has taken is relevant, as the subject and object of humanistic study are the whole man. From a humanistic standpoint, the artistic creativity of children, adolescents, and adults is seen in a new light and art therapy helps to shed that light.

The focus has shifted from working with the individual to helping groups. It has shifted from curative to preventive.

Art therapists can not apply the knowledge of the field to just the individual in resolving his personal conflicts. The underlying philosophy of the new directions in art therapy speaks to inclusiveness rather than exclusiveness.

Vast cultural changes are taking place in equal rights of minorities and women, greater sexual freedom and candor, the spread of city life, recessions, and migrations. Additional problems and emotional disturbances have appeared as reactions to these pressures. To help eliminate these pressures, the creative process is used as important to the healing potential. Art therapy is used with people who have problems - emotional and behavioral problems and/or character disorders (difficulties in controlling their impulses in relation to drugs, alcohol, or sexually acting out problems). This behavior is a way of dealing with intolerable anxiety of which they are not aware of as anxiety. Art therapy attempts to assist people in channeling these impulsive acts into constructive behavior.

The new directions involve a variety of non-medical settings such as correctional centers, alcoholic treatment centers, mental health, geriatric, and family counseling centers. The use of this therapeutic modality in dealing with the problems and life situations of the larger society is reflected in the "new" clientele being served and the environments in which they are being helped.

LOOKING AHEAD

Our organization, with these new directions, must remain flexible and open to experimentation. Now, as I reflect on the past seven years, I know that these years have provided the time for art therapists of vision as a profession.

The AATA is dedicated to the development of art therapy as a profession. It is now a large and vastly talented group with expertise and experience in a variety of settings. The organization has helped art therapists tremendously. The members from all over the United States, Canada, and England have a chance to hear and see first hand, what others are doing. There has been much growth and there have been many difficulties. Many members feel the way Ms. Ulman felt when she so aptly stated (Vol. I, 1961)....

> "...rigorous intellectual debate as the only road to meaningful concensus. The most creative thinkers often wage battle over ideas that seem to them irreconcilable. When the dust has settled, eclectic minds wonder at the passionate controversy over separate facets of a single truth. But clarity and depth of understanding will not result from a superficial glossing over of differences."

I am confident that the American Art Therapy Association is developing an art therapy identity on a firm theoretical and practical basis that will continue to spread. AATA has

entered into a highly constructive period in the history of the profession.

Don Jones, President 1975-1977, characterizes our AATA organization so well in a written statement for one of our Newsletters. He wrote:

> "The shaping of a new organization, like the throwing of pottery on a wheel, requires forces working in apparent opposition. The formless lump takes shape between hands pressing against each other or pulling apart. It becomes a vessel of use and joy...if the hands are directed by a singleness of mind."

We are an art therapy group in search of our future. We must address the future and master it together with each therapist doing his or her bit. Looking ahead, we need to have a positive vision of the future.

NEEDS AND CONCERNS

In looking toward the future, I ponder the question as to what part will Black people have to play in AATA. There are over 700 members, of which 320 are registered art therapists. At this writing, only about nine Black registered art therapists (ATR's) are among the approximately 20 Black active members.

The AATA had stated that it recognized the need for minority art therapists and appointed (1973) an Ad Hoc Committee To Investigate Encouraging Minority Groups to Enter And Study In The

Field of Art Therapy. It consisted of four Black registered art therapists and four Black masters degree students (auxiliary members) - all displaying eagerness and dedication to solving this problem. Our committee has concerns and we feel the way one member, Cliff Joseph, so clearly expressed in the opening statement of a monograph, Art Therapy and the Third World, which he edited....

> "In my experience as an art therapist, I have worked in a variety of settings with Third World people, and, of course, observed the attitudes of others in the mental health profession toward this conglomerate of non-white cultures. I have been increasingly disturbed by the lack of awareness; the insensitivity of many of my colleagues towards the particular cultural patterns of Third World patients and their manner of communication.
>
> Specifically, in our profession, I see little to counter this cultural gap. I remember attending my first meeting at the Hahnemann Medical College in Philadelphia when the AATA was beginning to form, and being to the best of my knowledge, the only Black art therapist present. It was, of course, disturbing to me to see this almost, all-white assemblage, particularly since I knew that a large number of those in attendance worked with Third World patients. Nor was there any evidence to indicate that in spite of their white middle-class background, they were in touch with feelings and specific needs of the Third World people. On the contrary, I sensed that many were having difficulty relating to me because of my blackness.
>
> After years of laboring in other ways for change in this profession's color spectrum, with little success, I was impelled to bring the issue directly

> and publicly to the AATA in an effort to encourage that organization to involve itself in more than just the token step it has indicated it is ready to take by creating an "ad hoc committee to investigate encouraging minority groups to enter and study in the field of art therapy." The Association's insistence on the use of the word "minority" to describe three-fourths of the world's population is in itself a reflection of the shallowness of its effort." (1973)

A need for culturally different art therapists must have more than just rhetoric service for it to be accomplished. This problem needs a fiscal committment, along with dedication "in the field." The ad hoc committee continues to be thwarted by bureaucracy and red tape. (For example: Is the AATA truly committed to enlarging the enrollment of minorities?). The committee is working to influence the answer to this question by constantly bringing to the larger body's attention the needs and concerns of and for minorities.

PROLOGUE

PART II - PART III

In presenting the historical overview of art therapy, its leaders and contributors, I have attempted to give credit where due and to indicate the trends and work which seem to be moving the field of art therapy towards the application to the problems of "common" people. Historically, art therapy has enjoyed an exclusive flavor, as has all therapy, and its practice and design established it for a selected few rather than a neglected many.

My own involvement in the practice of art therapy spans a ten year period. I have worked in a variety of settings; hospital-school, colleges and the broader community, initiating the Crisis Art Therapy (CAT) program (1970), discussed in part II and the "Kids' Room" (1975), which is discussed in part III of this manuscript.

The current movement in art therapy suggests that there will eventually be an end to the elitist attitudes in regards to who "delivers" and "receives" the benefits of art therapy. There is not going to be an automatic change in this attitude, however. There is a strong need for intellectual and philoso-

phical viewpoints, as well as practice, which reflect the understanding that personal problems, particularly in poor and Black communities, are the results of the social pathology of this society. Given this understanding, the intrapsychic approach to art therapy cannot provide a viable basis for work in the Black community. It is my feeling that art therapy, if it is to be effective, must be approached in a manner which enables the poor to become actively involved, on their own terms, in the struggle against racism and poverty.

The CAT program is representative, in principal if not in practice, of "traditional" art therapy. The youngsters involved in the CAT program became so "after the fact", that is, they were experiencing difficulties and were referred to the program. The "Kids' Room", (part III) represents a strategy which has the potential of providing preventive measures and interactions for the Black and minority child, which will assist him in coping with the realities of urban living.

part II

CRISIS ART THERAPY IN A SPECIAL SCHOOL

THERE IS NO EYE LIKE UNDERSTANDING
THERE IS NO BLINDNESS LIKE IGNORANCE
THERE IS NO ENEMY LIKE SICKNESS
NOTHING DREADED LIKE DEATH

Alexander Cosoma de Körös
Translated from the
Tibetan Language

INTRODUCTION

Art Therapy is a relatively new field. The word "therapy" has formally had a hospital flavor about it, but today, people are not as apt to be mislead by that word. Therapy now carries the meaning of serving the best interest of a fellow human being no matter where he/she is. As I stated in Part I, therapy represents a process going on, observed, and assisted, but not applied. Art therapy has a different meaning for different therapists. This writer's description follows: "Art therapy is the use of the nonverbal creative artistic process with art materials (paints, pastels, clay, etc.) as communication for aiding in problem solving, healing, and individual growth. The spontaneous art products are expressions of thoughts and feelings at both the conscious and the unconscious levels. Eliciting free association (discussion) from the individuals about these pictures, links the imaginative factor to conscious decision-making. Art therapy, like other therapies, represents a process going on, observed, guided and assisted, but not applied."

Art therapy is a therapeutic process. In it, the graphic arts (paintings) and the plastic arts (sculpture) are used. Maria Petrie (1946) noted that the graphic and plastic arts

command elements of a purer, more concentrated and more direct healing power than those inherent in the crafts. She further elaborated (as mentioned in Part I) that sculpting has a more direct healing effect by the close contact with the earthy materials, and painting has a vitalizing effect of the more spontaneous and personal use of color, form, and rhythm.

Painting helps people in that individuals can use their productions, and discussions about them, in solving problems that can at times be overwhelming. It also helps to alleviate anxieties that are at times mystifying. Spontaneous art expressions of the individual's past and/or present incidents shed light on his/her real feelings and motivations in these important therapeutic relationships. In addition, art expressions of dreams, daydreams, fears, and ambitions with free association to them as well as the individual's reaction to the therapist are important in the therapy process.

In art therapy, free association to the individual's pictorial representations is the way of using Freud's discovery about the unconscious. When the individual is trying to deal with some inner disturbance, pictorial expressions, that at first may seem to have no connection to the person's problem, often, after verbalization, elicited from him/her about the production (painting, drawing, or sculpture) will yield clues

to the real nature of the difficulty.

Art therapists work with people of all ages with varying degrees of functional or organic impairment. They work with normal populations in preschools, schools, and growth centers. They may practice with individuals, groups, couples, and/or families in the following areas: clinical, educational or rehabilitative settings, private psychiatric hospitals and clinics, community health centers, geriatric centers, drug and alcohol clinics, nursing homes, halfway houses, and prisons. Others work in private or public schools and institutions for emotionally disturbed, learning disabled, retarded, brain damaged, deaf, blind, other physically handicapped and multiple disabled children. A few art therapists are doing innovative work with the terminally ill.

A SPECIAL SCHOOL

An art therapy program was initiated in a special school for behavioral problem and emotionally handicapped youth on the grounds of a State hospital. This type of school called for and had a strong principal. The principal believed in the philosophy of child development, an environmental style of treatment which attempted to discover where the children were on a

continuum of growth and development and then to tailor that environment in an increasingly challenging fashion to the youngsters' force for growth. These students were provided with the type of program that built upon their strength and made restitution in areas where the development was lacking. The components of such an environment included a rich diet of educational, recreational, and social activities.

The principal, himself a learner, involved all of his teachers in appropriate ways, and he had limited supportive services from the hospital at large. The faculty and staff worked based on the philosophy that achievement was therapeutic for a child, especially when he had achieved little or nothing in the past. Many of the children have gone through years without any instances of success. Those from the inner-city had often suffered this fate, not only day after day, but through the total day. Others had suffered their share of failures. So, of immediate consequence to the program was the fact that failure should be eliminated whenever possible from the students' purview of the school.

Methods and techniques were devised that insured continuous success in their learning the skills and content included within the curriculum. Students were given short assignments that interested them and that they were capable of doing. In this

therapeutic milieu, not only the level of difficulty, but the rate of learning was attuned to the students with provision for remedial teaching of what they had missed.

The fact that both faculty and staff were supportive affected the whole climate of the school. All the faculty and staff, from the principal to the janitress, from the group therapists (counselors), to the lunchroom helpers, met students with a friendly, respectful, and helpful attitude. Experiencing such treatment on all sides, the youngsters were involved in this milieu therapy all during the school day.

The goals of this special school were such that creativity and innovation were recognized and respected. The principal's background training was such that he saw the need for art education and art therapy as contributors to the mental health of the children in the school, thus, he was receptive to the idea of my Crisis Art Therapy (CAT) program. On introducing the CAT program to the faculty and staff, I was able to persuade them to accept it to be included as an integral part of their existing crisis intervention program, and to accept me as the art teacher-therapist. We emerged from the meeting with a mutually accepted plan of Crisis Art Therapy, which provided a real incentive for support of my innovative ideas and activities in this special school. As a result, I had the support I

needed from the principal, vice-principal, and the faculty-staff. From then on we worked as one big family. We developed an effective communication system and they attached to the role of art teacher-therapist, the importance that I felt it warranted in the overall school set-up.

CRISIS INTERVENTION

The word "crisis" comes originally from the Greek work "Krisis", which means "to separate". To separate the disturbed, disruptive child from the classroom with immediacy before the disruptive behavior throws the classroom into choas is one of the objectives of crisis intervention. The other is to aid the disturbed student while the issue is still current. The purpose of crisis intervention is, therefore, to deal with an issue before it develops into a major difficulty - to help a child deal with his problem before it becomes an explosive situation.

Immediacy is a key word in the concept of crisis intervention. Crisis intervention aims to deal immediately with a child's problem at the first manifestations of its existence. One of the basic principles in operation by all the special school's faculty was to "know your students well." We, as teachers, were given the charge to be able to read whatever

overt or covert signs the student manifested which said "I am presently unable to deal with my environment." The school's psychologist was the crisis interventionist.

CRISIS ART THERAPY METHODOLOGY

In addition to the Crisis Intervention Program, a Crisis Art Therapy Program with emphasis upon individual functioning aided the youngsters in crisis. The interventionist would decide the best therapeutic response to the students' problems. There were cases in which life-space interview - conversations of any type, were met with blank stares and asocial behavior. In cases like that, art therapy was deemed necessary to enable the student to release his emotional duress or unbind his anxiety and tension. The student would then be escorted to the art room. The teacher-therapist and the interventionist would briefly discuss the problem at hand with the student.

The youngster would agree to work on an art project and would choose the medium he preferred to use for drawing, painting, or sculpting in clay. As the art work was produced, the therapist would observe and guide the student, encouraging him to interpret the pictures. This spontaneous creative process

as an emotional outlet, not only allowed for creative participation, but enabled the student to release his hostile aggressive feelings and tensions, and regain control of himself. In gaining control, he developed a more positive self-concept which facilitated his acceptance of reality. He was then (generally) able to return to the interventionist for further dialogue or able to go back to his classroom for regular school work, thus, ending a relatively short-term therapeutic-art approach.

Advance arrangements were established with the faculty members for student entry into CAT. But this exclusion from the classroom (and any type exclusion) was used with extreme care. The student was never "sent out" to the art room, but escorted by the interventionist, the teacher (or other faculty) or a teacher-aide. When a crisis arose, the faculty made use of the whole network of intervention available within this special school's framework.

The therapist was an innovator, could employ whatever method or technique that she felt would facilitate the students' growth.

The therapeutic art curriculum, of which Crisis Art Therapy was a part, provided art classes for all students - 10 years old to 18 years. This requirement of attendance in a regular art course made the student participation in CAT a natural happen-

ing. It should be noted at this point that the crux of nondirective art therapy during the crisis period lies not only in the complete acceptance of the student, but in the warm feeling that the student has for the art teacher-therapist. The build-up of rapport and the positive reciprocal feelings were accomplished during regularly scheduled art classes.

Youngsters in crisis have the stimuli which cause them to accelerate toward expressing themselves spontaneously. Crisis brings therapeutic situations favorable to art. This approach through drawing, painting, and clay modeling, is generally an acceptable first step back to functioning in the classroom environment. Many students in Crisis Art Therapy were benefited without being aware that they had done anything more than to draw or to paint.

EXCERPTS FROM CRISIS ART THERAPY SESSIONS

This section introduces the methodology of Crisis Art Therapy (CAT) through four excerpts from sessions in the art room. These "happenings" are used to illustrate the various ways in which the process of CAT can function in the special school setting.

I would like to share with you some interesting "happenings" that went on from time to time in the art room of the special school in order that you may get a picture of my students in crisis art therapy. Through these excerpts, you can understand the value of this intervention and of the creative experience in helping them cope with their feelings and continue in their environment with their classmates. The following are excerpts from a few of the arresting cases that unfolded during the Crisis Art Therapy sessions.--

1 BOBBY, AGE 10 "BRET'S BUS"

The language of symbols is very powerful. For the art therapist, definite symptoms of whatever psychic difficulties, fears, will here emerge, documented not only by the choice of subject and by the content of the drawing, but also by the general handling of materials and accompanied verbalization.

Attacking the problem as seen in the child's symbolic drawings/paintings is the second step. The first and most immediate goal of Crisis Art Therapy is to provide materials and a supportive atmosphere where the child can release his inner tensions and anxieties in order to be able to cope in his present school environment.

Bobby was the school's baby. He was not only the youngest (ten years old), but he was the smallest and the most hyperactive child in the school. The only child of elderly parents, Bobby had been admitted to the special school the year previous, as a day care patient (attending this hospital school each day on the school bus).

He had been diagnosed hyperkinetic (excessive motor restlessness). His hyperkinetic behavior rendered him uncontrolable and interferred with his attending and learning in the public school setting. During this, his second year and second teacher, his aggressive, hyperactive behavior had slowed down to more of an impulsive restless nature.

This particular morning, I looked up to see Bobby marching toward my room, looking grim and mad as a hornet. Mrs. A had taken him out of the room when she realized that Bobby was really upset and needed special individual help. Also, the class needed relief from Bobby's disturbing antics.

Mrs. A, later that day, explained Bobby's classroom conduct. He had been so aggressive and provocative that he had jumped every child who opened his or her mouth. He claimed that everybody kept bothering him. He squirmed in his seat or jumped out of it at the least provocation. He hollered to Janice to "shut up making all that noise" - he complained to the teacher - "I can't write these dumb sentences." Mrs. A

had explained the work to him the third time and walked away only to hear his loud scream... "Stop that, you're always bothering me - I'm going to kill you," he shouted to Bret. (Mrs. A could tell Bobby wasn't going to make it in class that morning). She rushed back to his side, talked quietly to him and when he was a little more calm, asked, "How would you like to go to the art room to do some drawing?" Bobby perked up a little saying, "okay."

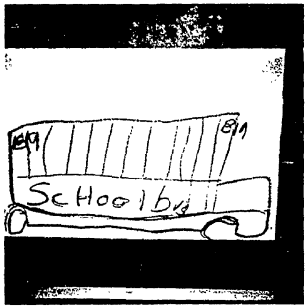
On entering the art room, Mrs. A, with hand on Bobby's shoulder explained..

> "Bobby would like to draw. All the chidren seem to bother him this morning. He does not feel up to doing his English work now. May he work in here?"

I looked at him and smiled and shook my head in assent.

> "Bobby, you want to draw, you know where the paper and other art materials are - take whatever you want. Since I don't have a class, you can sit any place."

His teacher left to return to her room. Bobby strutted directly to the shelves and grabbed a box of pastels, obtained the size paper he wanted, and strode to his regular (art class) seat. With a prompt beginning, sure straight sweeping lines, and deep concentration on his drawing, he started the session. I watched his picture of the bus emerge. "I like your bus." "Yea, that's Bret's bus." (He jumped up) "I'm going to get another piece of paper and this time draw my bus, a real



"Bret's Bus"

big bus." (Brings paper back and sits down, slinging the drawing aside...) "That's Bret's bus, mine's going to be the biggest and the best, mine's going to be a real good bus."

Bobby drew the second with as much absorption and inner drive as the first. I realized that his bus had to be the best (there was no way for it to be bigger as both took up the whole 12"x18" sheet of paper). As he worked I exhibited an attitude of sympathetic encouragement and understanding. I took clues from Bobby, being sensitive to his great desire for his second picture to be the "biggest and the best", by asking a few questions that would ensure his success.

> "Bobby, where's the door to your bus?" (He drew in the door with deft, sure strokes and added windows). "That bus looks like it's going to be the best."
>
> "Yea, this is my bus."
>
> "What color is the school bus you ride every day?"
>
> "Yellow, I'm going to make this one yellow." (He colored the bus carefully).
>
> "Now you have a bright yellow bus. Does your school bus have big tires?"
>
> Bobby shook his head yes and quickly made fat black tires with radiating spokes inside. (He leaned back and looked at his picture - seemingly satisfied and pleased with himself.
>
> "My bus is the biggest and the best. Can I take it to my teacher so she can put it up?"

(I nodded saying, "mmumhum.")

He jumped up, swished his other picture further away in disdain, "you can have Bret's old bus."

("Thanks.")

"I'm going to take mine to Mrs. A and get her to put it up behind her desk."

Bobby walked lively and happily beside me to his classroom, carefully guarding his picture. On entering the room he ran up to Mrs. A to show her his "Bus" and to get her to display his picture on the wall near her desk. As I left, I waved to Bobby, now sitting in his seat ready for work. He sang out to me..."see you Ms. Venture." I was told that he worked well the remaining part of the day.

I felt quite competent to make conjectures about Bobby's drawings based on his actions, his pictures, and his verbalizations. Knowledge of both Bobby's and Bret's personalities and problems were key factors in spotting the trouble. The details around the drawings were problematic and open to the child's interpretations and explanations. I decided to use the approach of having his homeroom teacher elicit the explanation as to what was going on in the bus symbolized in his picture. I refer you to Jung (1964) to substantiate this important step of obtaining the individual's explanation of his picture. Jung was insistent that patients should develop and be responsible for interpretations of their paintings.

When Bobby returned to his homeroom with me I mentioned to Mrs. A that I would see her at lunch. At lunch, she and I talked. My interpretations were aired as I attributed meaning to his drawings, his actions and his verbalizations about his "big bus" "the best bus." I explained to her that my conjucture about the pictures indicated that he had unconsciously zeroes in on his pressing problem. I requested Mrs. A to explore the bus issue with him and Bret. I further explained that I had not elicited discussion of the picture for his interpretation because I believed that she, his beloved teacher with whom he was in the classroom all day, would be the natural one to explore the bus in his drawing and work out Bobby's problem. This was agreed upon.

After school, we heard and saw Bobby running down the hall to his room shouting --- "Mrs. A, Mrs. A, give me my note - I forgot my note." Mrs. A ran to him with the note and bade him hurry back so the bus driver wouldn't leave him. He shouted excitedly, "She said she'd wait, she said she'd wait." Mrs. A and I discussed his problem. She had found out after lunch through dialogue with Bobby, some revealing information. The "big boys" picked on him. His classmate, Bret, who sat in the bus seat with him would "always hit me and when I would hit Bret back, the bus driver always hollered and shouted at me and never at Bret, when Bret was the one who always started it."

Mrs. A was aware, as was the faculty, that Bret was not only a larger boy, but one with quick jerky motions that served well his underhanded, sly personality. She had asked Bobby if he thought a note to the bus driver explaining the situation and asking the driver to keep an eye on Bret, too, plus a talk with Bret would be to his liking. He had agreed to that solution. She had written the note immediately and showed him where she was placing it on her desk for him at the end of the school day. She then had a discussion with Bret.

That note (representing the practical solution to his problem) was so important to Bobby until he had the whole bus load of students waiting for him to run back for it. His teacher felt that part of the problem may have been racial - Bret being caucasian and Bobby, a Black child. The other part of this problem stemmed from a big sly twelve year old's actions of "picking on" a small, out-going, out-spoken ten year old, and getting away with it - a daring venture.

At the first opportunity, Mrs. A talked to the bus driver in order that she would be able to be more sensitive to the problem. The faculty was alerted and helpful, and the problem that had been so overwhelming for Bobby, preventing him from coping in his environment, was soon worked out. Thus, the crisis was over, Bobby had been able to return to his class and work after one half hour of crisis art therapy. He was

able to leave school feeling satisfied with himself and with the solution (the note and the conference with Bret) that his beloved Mrs. A had devised to make him happy.

Bobby and Bret, although classmates, were not fast friends and often tangled. After the conference with Bobby and later with Bret, Bobby's disruptive behavior slowed noticeably. With the faculty and bus driver's (indirect) help, reprimands were equal and fair. Bobby was not only able to cope in his classroom environment the remaining half of that day, but Mrs. A reported that both Bobby and Bret were getting along much better together. Later, she informed us during faculty conference that Bobby was able to concentrate in class on each subject for a longer period of time, and that he had improved his school work and was not as disruptive and explosive toward other children.

The pictures themselves provided a very real and tangible communication and a valuable experience for Bobby. Drawing was the means of projecting painful feelings. It was the means for revealing conflicts and a means of expressing hostilities. Because Bobby and other children like him are so often unable to make themselves understood in usual ways, they need other ways - alternative modes for expressing deep emotional feelings and impulses. Crisis Art Therapy is an effective alternative mode of expression that should be used more often.

2 LORRAINE, AGE 16 "DEPRESSED LADY"

It was Monday morning - a bad morning after a bad weekend for 16 years old Lorraine. She had just returned to the hospital from home, in time to board the school bus. In school she plopped down into the first empty seat in the assembly area.

Lorraine was the older of two girls from a broken home (divorced parents). An attractive teen-ager, she was placed in this hospital when her mother felt that she could no longer tolerate her daughter's action and disregard for "home rules." Lorraine had been diagnosed by a professional member of the hospital staff as exhibiting adolescent adjustment reaction* (the catch all label for problems of puberty).

As the students filed out of the assembly area, Lorraine lingered. The vice-principal noticed her reluctance to leave and her dejected posture. On closer scrutiny, she could see Lorraine's blood shot eyes. Inquiring about her appearing so unhappy brought a rush of tears. The vice-principal tried talking to her, but to no avail. She put her arm around Lorraine and walked her upstairs to the Interventionist. After the interventionist's second attempt to dialogue with the tear-

*All diagnostic information on records had been supplies by doctors of the hospital staff.

ful girl, he got a head shake as consent to go to the art room to work.

He escorted Lorraine into this writer's room and explained her crying spells - her inability to talk without starting a fresh batch of tears. I sympathized with her, encouraged her to gather some art supplies of her choice and try to express those pent up feelings. This she did immediately. As she drew (the medium chosen was pastels, a quick effective choice) I was able to respond appropriately to her emotional needs. I gleaned interesting material about her feelings from this picture (see Figure 2). When Lorraine appeared to have nearly completed her drawing, I suggested she give her picture a title. Without hesitation she wrote, "The Depressed Lady." I suggested that we talk about it. A few questions elicited a flow of information. It seemed that her primary problem resolved around her intense hostility and anger toward her mother, on one hand, and the pressing need for her on the other. From her free associations about Figure 2, I learned that she and her mother had had a power struggle, with her losing. She indicated that the "big face is the way my mother always harped on me, nagging and screaming at me all the time." Lorraine continued stating that the constant verbal abuse, "makes me feel so frustrated, so little and helpless until I wish that I would disappear. That's why I drew me way down here."

She further explained that between her mother and herself there was dissension. She was dissatisfied in the home and wanted to, in fact had begged her mother to permit her to live with her young aunt (mother's 22 year old sister). She was "crazy" about this aunt. I acknowledged that she must have felt very frustrated when her mother interferred with her desires. I could tell that the rage at the mother and the frustration at being helpless in that situation was enormous, so I pursued the topic of the favorite aunt. One could see the change over Lorraine as she talked about this beloved aunt. As she talked, I managed to interject some soul-searching questions as to the responsibility she might be on the aunt, as to the financial burden in reference to the pretty clothes her aunt bought, as to the aunt's having to curtail her social activity and be home more if she lived with her. After a lengthy dialogue about this, she admitted that she would not want to "cramp her aunt's style" in any way, and, to my surprise, she had gained insight enough to be able to accept the reality of the situation. She stated that she regretted that she had to live with her mother - she'd rather live with her aunt, but since she could not, she could "live with it."

We then walked back upstairs to the interventionist and she explained her problem to him. Lorraine, through her drawing and verbalization, had provided me with necessary informa-

tion about her situation that I could discuss later with the interventionist. I realized the task of helping her to cope in her home environment on these week-end visits was necessary. Knowledge of the personalities of the parent and other members of the family, and of the factors which precipitated the discord were needed. I turned the case over to the interventionist for follow-up and support.

I was pleased to see that she was able to function normally the whole week in the school-hospital environment. She was torn between loyality to her mother and desire to live with her favorite aunt. That, and the home atmosphere which was tense with family discord - all were interfering with Lorraine's personal and social adjustment. The school community worked with her to prevent withdrawal tendencies as a result.

3 BRENDA, AGE 15 "HE'S DEAD"

Genia, known as either a flirt or a spitfire, was at it again. She and Brenda were going at each other "hot and heavy" when the principal walked pass the backdoor of their classroom and heard the disturbance. He quickly stepped into the room and managed to duck one of Genia's powerful blows

as he separated the two. He realized that often the last period of the day was a "bad" time - a time when nerves were on end and tempers flared high at the "drop of a hat." He walked between the girls as he listened to each one's side of the story about the fight.

He learned that the fight had been over their feelings for the hospital environment. He gave them the option of going into the office to sit with Ms. L (the mother-like secretary) or go to the art room to draw the way they felt about "this place." They chose the art room and the principal "filled me in" on the problems.

Since my regular art class was working, I took a few minutes out to suggest that they choose art supplies and then I directed them to the crisis art therapy area - a spacious, bright part of the large art room with the longest table behind which stood two easels. The girls elected to sit at the table and do pastel drawings. All during the class period I checked with the girls and saw their pictures develop that illustrated exactly how they felt about the hospital environment. This setting was certainly not to Genia's liking in any way (see Figure 4) whereas Brenda expressed direct opposite feelings (see Figure 3). I was fully aware of the two pictures representing entirely opposite feelings. What struck me was the implications of the strong positive feelings expressed by

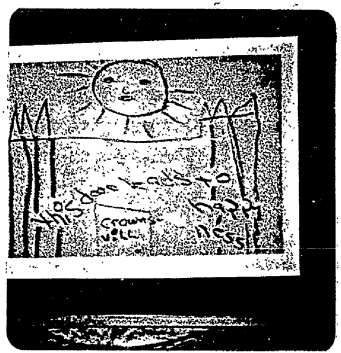


Fig. 3 "This door leads to Happiness"

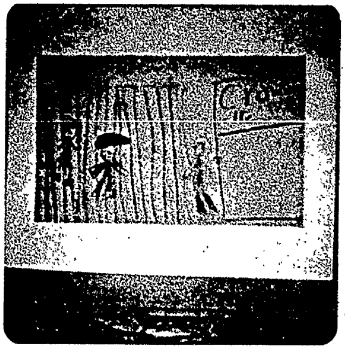


Fig. 4

Brenda for this hospital. I realized the importance of such a picture.

I had to check Brenda's records - I had to know this child better because I realized that I was a part of her "happiness." The records revealed some insightful information. Brenda was the middle child of five and she was the oldest one at home with two younger brothers. Both of her unemployed parents were "managing" alcoholics. Brenda had informed a social worker that she would become horrified when her mother went into an alcoholic rage. She had further stated that she felt certain that the rage was directed toward her because her mother hated her. She had disclosed that early every Sunday morning, her father would almost bang the door down, and when she opened it he would stumble in and fall down drunk - it had been embarrassing and repulsive to her. She had run away from home. It had been deemed desirable that Brenda, who was particularly sensitive and apparently suffering serious damage in the chaotic home situation, should be removed into a more favorable stable environment. She had been a member of the hospital community for a little over a year - since she was a little over thirteen and one-half years old. The doctor's label for her had been adolescent adjustment reaction.*

*All diagnostic information supplied from medical records in the hospital.

During the school year, Brenda was in crisis art therapy five times. The second visit, she came in with the English and social studies aide. He explained that she was not able to do her work and that Mrs. Mc felt that she was "out of it" as she was very despondent. Her teacher felt that if she would come down to the art room and draw for a while, she'd feel better. I thanked the aide and put my arm around Brenda as we walked towards the art supplies. "Choose what materials that you want to draw or paint with and sit wherever you like (no class was present). Brenda started to draw without hesitation. I watched her quickly sketch in her idea of many little people around a large central figure (see Figure 5) when she asked to borrow my pen, I leaned closer to see what she was writing. Written in the head of almost every one of the people was "I hate Brenda", or "I hate her". Brenda's "stick figure" people expressed unconsciously and symbolically the hurt that was making her painfully aware of the feelings of her parents for her. As her thoughts were turned inward, the drawing became a more intimately personal statement. The use of two bright colors for the two parent figures and the rejecting statements written in the "clouds" above their heads stating "I hate my daogher" (sic) (Figure 5) are additional indications as to how she perceived their feelings for her.

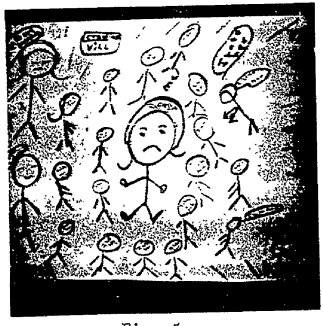


Fig. 5

To be a member of a minority group creates great problems in itself, but to be a "hated" member of the immediate family creates an inevitable crisis along the line.

The drawing was self-explanatory except for the tiny building at the top of the paper between her parents and herself. On inquiry about it, Brenda answered "It's Crownsville; I like it here." The evidence obtained from the drawing helped me to understand her feelings. A little gentle probing about the "writing" in the clouds over her parents' heads opened the flood gates of pent-up feelings.

After she had disclosed the information about her parents being "drunk" so much, I pounced on my opportunity to plant some "seeds" for further thought. I explained to her about alcohol - and how people who drink a lot are referred to as alcoholics - and how alcoholics are sick people. I asked her if she had ever thought that both of her parents may be sick and needed help. I further stated that because they were ill, they may have sometimes made promises they could not keep - like coming for her at the hospital on a week-end. This might have made her feel that her parents were neglecting her. I tried to show her the reality of the situation and that she was not being abandoned by her mother and father. It is important to note that some Black children have no wish to engage

in the introspective self-analysis which may result after their drawing; their problems are frequently more tangible, requiring the exploration and application of alternative solutions.

Brenda's last visit to crisis art therapy in the late spring was the result of a sorrowful occasion - the drowning of a classmate. The day after this tragic event, this writer had heard "he's dead" and "I can't believe he's dead" and "No, J can't be dead" whispered in every little group of students in huddles talking in the hallways. The youngsters had no trouble perceiving the turmoil and anguish and readily showed it in their behavior.

Our principal believed in the basic treatment techniques of presenting reality to the students. In retrospect, I see how wise this man was. He visited every classroom with the news of the stressful event. He wished that every student be aware of the demands of the environment, and adjust their behavior to these demands in such a way that the individuals ultimately secure satisfaction. He announced to the student body, "ALL students who desire to go, could attend J's funeral with us (the faculty) - the whole school can go."

The faculty had not been aware of Brenda's attachment, "crush", on J and was not prepared for her dejected, depressed mode of grieving. She had to be carried to the health suite

and have someone remain with all morning.

After lunch, they persuaded her to come to the art room. In the art room we sat side by side. After a while, I asked her what would she like to do. She thought for a minute and then spoke up bright and clear - "I want to make something special for J - some flowers - some of those big bright (tissue paper) flowers that you showed us how to make." I shook my head in assent and told her to get the supplies she would need while I got the tissue paper out for her. She made big beautiful tissue paper flowers of several varieties - she worked quickly, quietly, and diligently. This had been the natural opening for her to talk about her feelings.

Brenda explained that J was her boyfriend. That they had been close friends for a long time. "Ms. Venture, He's dead, how am I going to make it without him?" She didn't wait for an answer (I had none anyway), but continued - "Will you please take these flowers and put them with the others J will have around his casket?" I promised her I'd place them with the others - she sighed and said that she wanted to go see Miss R (the vice-principal). She cleaned up her mess and carefully handed me the bunch of flowers that I immediately placed in the vase for J. I reiterated my promised and we walked to Miss R's office. Two days later, Brenda saw her flowers in their place, nestled among the many live arrangements near the casket. At the ceremony

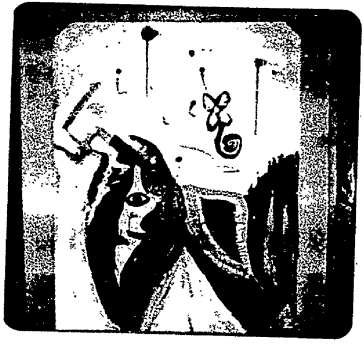
Miss R was on one side of her and I was on the other. Confronted with separation by death from someone she "loved", Brenda was able to share the reality of what had happened with her schoolmates and teachers. Attending the funeral helped them all to cope with and acknowledge reality and changes in their world. Youngsters need to know about the reality of the world and how to deal with and react to it as older people do.

4 JOCELYN, AGE 17 "BLOODY MESS"

Blood was spattered all over the face. In fact, blood had run down all over the painting. ("Jocelyn, did you accidentally splatter that red paint?") Her prompt reply came clear, "No, that's blood, the girl is dead." (Picture not shown). This was the dramatic introduction to Jocelyn, the individual, not just a member of the senior class. A startled, second look at the picture showed one that this painting was a "self-portrait", dominated by an ominous imposing warning sign - a blood read swastika, which appeared to spread hate and mistrust over the 18"x24" production.

Jocelyn had painted this forceful picture during the regular class period. Being talented (my discovery), she had

Please return pix.



"Self Portrait"

completed the structured assignment early, leaving time for spontaneous expression. Free spontaneous drawing and painting were encouraged in our psychoeducational setting. The youngsters were supported in their choice of art media and the free expression of their personal feelings and desires during this "free time" in class. This teenager's insightful "self-portrait" indicated a symbolic release of strong feelings in non-verbal communication.

The feeling about herself and her life cried out in vivid colors and symbols for help. As a result, I gathered all the information that I could from all sources.

The hospital records indicated that 17 year old Jocelyn lived with her upper middle class family. Both her father, a successful armed service career man, and her mother, a housewife, kept Jocelyn close to home. She had been experiencing great difficulty in establishing her independence and in finding her place in the adult world. Further comments recorded pointed out that from an early age she had had intense conflicts with her parents. Her discontent had culminated in running away (running away from middle class pressures and expectations).

She had one brother in elementary school who she referred to as her parent's favorite. The hospital had attached several labels - neurotic; anxiety reaction; and extreme adolescent

reaction.*

She had been admitted to the hospital in the early summer. As a patient, Jocelyn had received psychotherapy at least twice a week. In the fall she had been discharged as a resident patient and readmitted as day care patient. She was required to attend the special school. As a day care patient, she received group therapy with a psychiatric social worker and psychotherapy with a resident psychiatrist once a week.

Jocelyn had rejected all overtures from the faculty and had refused to take any part in the summer educational, recreational, and social activities. These anti-social acts plus the principal's knowledge of her and her case history led him to feel that beneath her placid exterior there seemed to hover great stores of hostility and aggression. The faculty felt that her refusal to join in any of the special summer events was attributed to two things - one, she had been a drop-out from the public high school for over a year before being admitted to the hospital; and the other, overdiscipline at home may have led Jocelyn to avoid all social contact in the hospital or in the school - she actually seemed to prefer being alone to nurse her hostile resentment. Her attitude had been one of "why bother - life is a mess", and she had turned inward and wandered

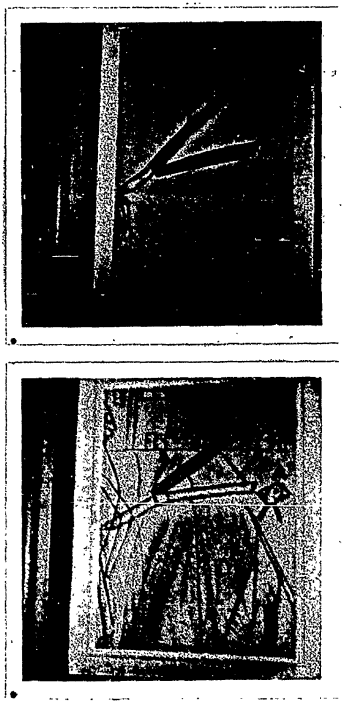
* All diagnostic information supplied from medical records in the hospital.

around the hospital grounds like a lonely soul.

In the fall, to make school as palatable as possible for Jocelyn, and to assist her in pursuing her one favorite subject, she was scheduled extra class periods in the art room. All during the school year I encouraged her creative imagination from within. This unstructured freedom offered an outlet for her impulses (Figure A). Her daily participation in the art class also offered the vehicle for symbolic release of her strong feelings - feelings about herself, about life, and about family and friends.

It was spring and I was moving around the room, opening windows to let the warm, balmy air in. I checked the students' art work as I wandered around the room, I noticed Jocelyn with her head on the table. On inquiry as to what was the matter, she had answered "Nothing, I just feel bad." I suggested that since her regular class assignment was completed that she continue to rest until she felt better. This she did.

About halfway through this first class period, I was surprised by Jocelyn's request. "Miss Venture, you have any red paint?" I nodded yes and suggested that she look in a few of the paint fars for it. A little later I came back to her table to check with her. She was dripping the red paint and letting it run down the paper from the point of a sharp "dagger-like" piercing - cutting objecting (Figure 6). On



Figures 6 & 7

closer scrutiny, one could see that the red chalk that she had used first on the tip of the blade had not been "bloody-red" enough after the blade had been colored with white chalk. At the time, I had not perceived the underlying meaning of her symbol, but I realized that she was dealing with vital material through her drawing.

With my earlier sensitive observation of Jocelyn's depressed, dejected self, and now, with my viewing this sketch of a sharp piercing blood dripping symbol, I didn't know whether to stay with her for support as she drew her second picture in which "sex conflict" was evident, or leave her to work it out alone. I thought of something I had read in Margaret Naumburg's book, The Child And The World:

> "...there is nothing more difficult to develop in teachers than the power to hold hands off, when necessary, and yet remain active, observant, and responsive to all the interests and needs of the class.
>
> ...sensing the right moment to do or not to do is essential." (1928)

Thus, the therapeutic strategy that I used was not to be too near, but also not too far for support when needed. A few minutes before clean-up time I returned and was confronted by the two drawings (Figure 6 and 7) and realized that something needed to be done in the here and now. I realized, as evident in the drawing of strong conflicting feelings about the opposite sex, that this was a time of crisis. She had

revealed her problem through her drawings.

From viewing the strong destroying life situation in the last picture (Figure 7), I felt it appropriate for me to deal with the life change that Jocelyn must be experiencing which had been reflected not only in her picture, but in her classroom behavior. I sensed the painfulness of this girl's revealing herself in the group of classmates at the table where they could see her graphic evidence. So, with any preconceived plan, I quickly stepped to my desk and casually called Jocelyn to bring her folder and her work and "come on up". (My art aide, seeing me busy with a student at the desk, took charge of class clean-up and dismissal). I offered her a seat beside the desk as I sat. She carelessly slung her folder and pictures on the desk and "plopped" down into the chair. My opening statement ("Jocelyn, I noticed your depression in class today and from your drawings I noticed distress signals"), brought forth a revealing and expressive dialogue. She unraveled her problem in a calm frank discussion in terms of existing conditions. She verbalized her distress clearly, indicating a fear of devastating consequence. She feared that she was pregnant. Her menstrual period had not appeared regularly, and when it did, it had been spotty - not her normal flow. She had confided in her mother regarding this stressful situation and she (mother) had brushed it aside stating that if she were menstruating,

spotty or natural, she was okay - so she needn't worry - she wasn't pregnant. Jocelyn was unable to reason with her mother that things were not right. As she continued to verbalize her fears, her mother turned a "deaf ear" and communication broke down between the two of them. Jocelyn could not accept the casual statement from her mother that she was not pregnant. Her possible physical condition had created a high level of anxiety and tension.

To compound this problem, she further explained that her boyfriend had insisted on continuing his plan of enlisting in the armed services. She had begged him to wait to see how she would make out, but he had been persistent in his plan. This apparent stubborn insistance was due to his inability to obtain employment. To join-up the first of the month (next week) had been the solution to his big problem and he was sticking to it. Jocelyn was angry with her boyfriend and frightened by his unchanging decision to enlist.

Jocelyn's exclusive concern was with her own life and she was inevitably worried, as many others, by the uncertain future. One of the most pervasive areas of conflict and crisis existed between this adolescent and her parents. Her father, who had been absent (if only for wartime service) seemed to have left Jocelyn with a lasting feeling of protest. Her mother's off-hand, casual handling (or lack of handling) of Jocelyn's pro-

blem only served to deepen her depression. This unsympathic type of treatment when Jocelyn wished to confide in her mother regarding her fears of pregnancy appeared to be part of her difficulty. In addition, prospective separation in the boy-girl relationship, which Jocelyn was taking as a disaster that would be almost as fatal to her as would be the end of the world, compounded the situation.

Jocelyn, too baffled to further articulate her distress to her mother, had become distressful, taking refuge in her private concerns. These concerns, her inner feelings and unconscious desires, were illustrated during this time of crisis in the regular art class.

I had seen her plea for help and through our dialogue, we were able to work out a plan. I recognized that additional help was needed. I agreed with her that she had a serious problem and offered to telephone her therapist (the psychiatric social worker) to talk to him and suggest that he set up a session with Jocelyn and her boyfriend. She sighed (seemingly in relief) and had given me a head shake as consent. I gave her a note for the teacher whose class she had missed, but suggested that she wait until I returned from the office with the message in response to the telephone call.

In the office, I discussed the matter briefly with the principal and received his permission to make the call. I

passed on the information to the social worker in order that he would be armed with facts to deal with her home environment, as well as her emotional involvement. He agreed to contact the boyfriend and set up a meeting for that night. This information was in turn relayed to Jocelyn. She left for her third period class, looking and acting more relaxed, as if some of the accumulated pressures had eased.

The social worker took it from that point, working in collateral therapy with Jocelyn and her boyfriend. Two days later (after two evening sessions), Jocelyn came up to me in class. (She had been absent the day before and I had been quite concerned). "Miss Venture, he's not going in the service now - he promised that he would wait - I feel so much better." I let her know that I was happy for her and told her to let me know how the "other" problem turned out. She agreed. I was pleased that her social worker and I had been able to offer her emotional and therapeutic support. The beginning of the following week, Jocelyn poked her head in the door when she saw that I was alone and told me the good news. "Guess what, Miss Venture, (her words tumbled out in excitement) my period - my period just went off and it is "right" now. Everything is right and I'm so relieved. I feel good now, but I feel lousy."

I had been able to respond appropriately to Jocelyn's emotional needs and to aid in resolving the "crisis" situation

brought to light by the dramatic drawing of her unconscious desires.

This senior student's resultant increase in functioning and continuing in the school environment was the most rewarding evidence of the crisis art therapy program's success. Although there had been a "cultural difference", it had made "no difference" in our relationship.

In Jocelyn's case, like the others, emotion caused the motions (the action of drawing), translated into the powerful graphic statements (pictures). The more intense those emotions, the more intense the expression; the stronger the emotion, the stronger the will to produce the ideas associated with it. Through the emotions, art comes from deep within. The students' feelings are the motivation. Those youngsters in CAT (Crisis Art Therapy) are allowed to release those feelings and emotional tensions through their art productions, and thus were able to cope and function in their school environment. Faculty worked together so that aims and approaches were mutually understood. Students and art teacher-therapist worked together in CAT to achieve useful insight into the specific nature of their problems and into the manner in which this related to their difficulties in living. It must be remembered that although crisis art therapy is a short-term therapy offering (oftentimes) immediate tangible results as mentioned in the excerpts, most

improvements in the individuals participating in art therapy occur over a period of time, depending on the problem.

NEEDS AND CONCERNS

Since the special hospital school had to phase out their programs in order to mainstream their students into the surrounding public schools, I am concerned about these students. My concern has to do with their ability to "melt" into the new school life - to adjust and cope in this environment. This need and concern goes deeper and is more far-reaching. There is great concern for the Black youth of today (the late 1970's). These have been changing times and these changes are showing up.

One of the leading educators and principal of one of the special schools that has now been phased out by law has voiced deep concerns. I would like to share these concerns and his intuitive appraisal of the situation. He felt that in the early 1970's, Black youth looked upon Black principals, teachers, lawyers, doctors, nurses, etc., as a source of identification and inspiration, but no more. These youth now challenge the educators' (the lawyers', etc.) middle-class standards and values as well as their job status. The shift in youngsters' attitudes toward these professionals is from what used to be called "Black

hero worship" to what is currently termed "Uncle Toms." These type youth have adopted the attitude of hopelessness and have shown evidences of deepening anger and resentment all around them - resentment towards Blacks as well as whites. Because of these attitudes, the accompanied behavior is looked upon as deviant - the individuals are different. They are unable to find or hold jobs; they are unable to find friends, to gain love or to love themselves. The current feelings of blind hatred of "whitey" as their oppressor, gain nothing for them. They spend too much time rebelling - blaming the world and generally wallowing in their own inadequacies and miseries.

The principal went on to state that the current danger is that this excessive individuality or idiosyncratic behavior is frowned upon by society. These youngsters are made aware of their differences forceably by society's segregating them into prisons, reform schools or the like. The principal further elaborated that in finding a solution, these rebelling youngsters, who have not been able to fulfill their own needs, must learn both how to approach people in order that they may become more involved and how to accomplish enough in order that they gain an increased feeling of self-worth.

These youngsters, who hear the sound of a different drummer, who appear to society as out of step, as deviant, must be helped instead of being penalized.

As an art therapist helping these youngsters, I am the "different drummer." Black youths have many frustrations in life and with life. The outcome of these frustrations is often rebellion with the end result being delinquency or neurosis. Preventive health services are needed to prevent this neurosis. Also, alternative educational programs are needed for this type of Black youth. Educational programs with combined health services appear to be the current help for the youth with stressful problems, and art therapy needs to be an integral part of these services.

part III

ART AND PLAY THERAPY IN THE KIDS' ROOM OF AN INNER CITY MULTI-SERVICE CENTER

INTRODUCTION
ART AND PLAY THERAPY - PREVENTIVE ASPECTS OF MENTAL HEALTH

The emphasis in mental health care today is on prevention. Preventive aspects of health care are being stressed along with the curative care. In prevention, one aids the "normal" or "well" individual before he gets "sick" or "neurotic." It is realized that there is no sharp break at any point between the normal and the neurotic, instead there is a succession of graded differences from the normal through the neurotic. There is a need to get at the small problems before they become BIG ones; and to treat distress before it turns into despair. It is easier to cope with problems while they're small - and a lot cheaper, too. There is a need for centers (there are only a few in existence) created to help well-functioning people who are experiencing situational crisis.

Common sense factors lead to placing emphasis on the proposal of increased primary preventive intervention. Primary prevention is the giving of therapeutic aid early in the children's lives before more serious problems and/or disorders occur, thus lessening the possibilities of future emotional

difficulties.

There are many young children suffering borderline emotional disturbances, and many others who manifest problems of maladjustment in their school (or home) settings that give evidence that crippling emotions like fear and anger are going inward and may become firmly rooted. It makes sense to seek help before these difficulites pile up. A useful focus for preventive work with very young children is in the nursery school or kindergarten classroom (Kilman). Here, one can work with many healthy children in overcoming their reactions to life crisis. If the parents will not seek help, then the teachers must assume that role. But help at preventive facilities devoted to working with the "normal" preschool child with stressful problems, is uncommon. The current answer of referring children to agencies with clinical approaches is not working. Because these mental health agencies are for the most part, too remote, conceptually and geographically, from the families they were meant to serve, they are of limited service. Therapeutic children's group should be a part of the preschool and public school programs. Dr. Irving Schulman (who works closely with the Philadelphia public school system) states that:

> "An initial step...is for schools to give early attention to any serious signs of a

> child's difficulty. Too often, even a child who is not necessarily a behavior problem is carried along through early grades, though his capacities to learn are crippled by emotional difficulties. School systems should initiate careful screening of all these youngsters by persons trained both in education and mental health."

In the USA, preventive care takes the form of health screening, health education, etc.. It is proposed that this care go a step further to include preschool and (early) school health services for those children overlooked in the earlier screening process, which would include preventative facilities devoted to helping "normal" children in primary preventive intervention. This help should be "delivered" to these children within a setting where they can reasonably be expected to appear daily - the school or the neighborhood center.

ART AND PLAY THERAPY

Art therapists are aware that play therapy, geared to the needs of the emotionally disabled children, is in the realm and domain of the psychiatrists who may refer the play therapy sessions to the art therapists. But, art and play therapy geared to "normal" children with stressful problems is in the realm of the art therapists with consultations with the psychiatrists.

Art and play therapy is a relatively new field of therapy for children. There are as many definitions of art and play therapy as there are of play therapy and art therapy. It is a way of helping children (in my case, helping "normal" children) to cope with stressful situations. Art and play therapy is the vital opportunity that is given to children in a special setting to "play-out" and "paint-out" their feelings and their stressful problems. The art and the play are aids to communications. As previously stated, in Part I, therapy represents a process going on, observed, assisted, but not applied.

Play may be considered as an adjunct to the therapy. Spontaneous play activity has always been a natural expression of childhood, and in therapy, a method of exploring a child's mind. The term "play" does not connote its usual recreational meaning of "games", but is equivalent to spontaneous free activity (freedom to act and react, suppress and express; freedom to suspect and respect). Acroding to psychotherapist Frederick Allen (1942), in discussing play, he cautioned that...

> "We must be careful to differentiate between the satisfaction of curiosity which has a biological source, and the externalizing of mental stress which has psychological origin. The first leads directly to learning. The second (a sort of conscious dreaming) leads to understanding and an alleviation of the mental pressures inevitably present in the process of gorwing up. Both are curcially important for the intellectual and emotional development of the child."

The latter - an alleviation of the mental pressures - is the play with which art and play therapy is concerned.

Art - the creative expression in itself is therapeutic and of vital importance. Margaret Naumburg (1966) stated that both educators and parents of normal children should recognize that the release of the unconscious into imaginative and spontaneous art projections is of vital importance for the balanced ego development of the normal child.

Crisis-intervention is an integral part of the art and play therapy program. A crisis may occur in family situations of which children either observe or are a part of. At such times, immediacy is the key and art and play therapy sessions may be scheduled on command to help these children cope - to help them deal in the "here and now" with the painful realities.

Spontaneous art and play are expressions of the child, manifestations of his inner life as well as of his conceptions of the outer world around him. They are the reflections of inner needs with external events. Emery Gondor emphasized the fact that art and play "reflect normal development as well as idiosyncratic deviations. They mirror in their creativeness change and growth and life itself." (1954)

THE ART THERAPIST

The therapist's personality is a critical and influencing factor in the art therapy as well as in the art and play therapy process.

The child responds to the therapist as she is as well as through transference. The relationship is a live democratic, collaborative experience which can be deliberately used for therapeutic ends. One of the leading play therapists, Clark Moustakas, concedes that techniques, tools, and methods play a large role in therapy. But he insists that the "particular values of the therapist pervade the relationship and to a large degree determines its therapeutic effectiveness. What the therapist says and does is important. The feeling tones behind the therapists' statements and actions are of the greatest significance." (1953) Art therapists should have the capacity to adapt, alter, and relate techniques in art and play therapy to their own children's needs and problems rather than simply acquire them in a mechanical way. The therapist must have potential for empathy - that subtle capacity to see and relate to deeper feelings rather than the aggressiveness of defensiveness of children. There should be close harmony between what the therapists say and what they feel. Empathy and genuine

liking for the children, as well as the accepting of them as they are, are required of effective therapists.

Therapists should be emotionally stable, warm and supportive, flexible, honest and sincere in expression. Art therapists are slowly but steadily moving further away from traditional clinical roles and more into the mainstream of contact with children and youth in an educational setting. Art therapists who work in the city must be sensitive to inner city children's needs. Modern urban therapists must be tactful in dealing with directors, teachers, and social workers of early childhood programs. Also, they need to work closely with principals, teachers, and psychologists in elementary education.

The therapists, trained professionals, work with individuals (singularly or in groups) in many ways. They help children change their feelings and attitudes in order to relieve their emotional tensions, gain a positive view of themselves, develop ways of behaving that would be less self-defeating and more fulfilling, and to enable them to live more effectively. These therapists use every aspect of the child - his artistic creations, his play, his words, his facial expressions, his gestures, and his attitude toward others, in order to understand the child's feelings and views about himself and his life.

In art and play therapy where the art therapists place emphasis on the art as well as the play, there is an advantage. The art products drawn, painted, or modelled (in clay) are proof and remain with the therapists to be stored away for future reference and comparison with other pictures, while the observed play activity is movement that has to be pinned down and converted into direct evidence.

THE KIDS' ROOM FOR PRIMARY PREVENTION

My own work with art and play therapy is with Black children in a low income area of Baltimore City. I am developing a program of primary prevention, aimed at the young and focused on helping them develop to their fullest potential. The current trend toward increasing community based services and support for people is helpful, but inadequate. The Black community involved in service activities (family counseling, eating together programs, etc.) should have expanded preventive facilities for young children. There are "well" baby clinics in the centers, why not "well" tot (therapy) centers? My concerns for children led me to offer something concrete to my community in the form of a pilot program that I refer to as the "Kids Room," in a multi-service center of the inner city. It is an art and play

therapy center for normal young children whose stressful problems have been discovered by their nursery school teachers and/or directors. The program of primary prevention includes children from three to six years of age from five of the surrounding community nursery schools. No fee is being charged to those early childhood programs participating in the project. This program was funded with seed money for toys from Homestead-Montebello Center of Antioch College; was invited to share one of the "closed-space" rooms (Kids' Room) in the new open-spaced multi-service center located in the heart of the urban community. The program was organized and implemented through the efforts of this writer, who acts as director - art therapist, along with a (master's program) student as participant observer. The Kids' Room was modeled after a typical play therapy room (see Appendix III). This, I felt was important as in a therapeutic play program the emphasis is on the selection of toys and materials that will lend themselves to expressive play.

The program is an outgrowth of my belief that the preschool child who manifests stressful problems in the nursery school setting requires help immediately. This prevention intervention should come as an extension of his/her educational setting. The art and play therapy sessions are about forty-five minutes long and the children are scheduled to attend once a week in

groups of two, three or four. One-to-one sessions are scheduled when deemed necessary, and they are structured with directed/non-directed approach. In structuring the therapeutic relationship, the play room is generally set up for non-directed play. With this arrangement, all the toys are in view and the child can choose any toy, and play as he likes. Directed play (seldom used by this writer) is the play of the child directed by the therapist. Certain selected toys and/or materials are placed in view of the child as he enters the room. The therapist may either direct the child's attention to the selected toys or she may choose to encourage the child to play with her and the toys.

The majority of the sessions are non-directed with the therapist acting as a participating observer much of the time. Children are free to play with few restrictions - play with what toys and materials that they want, when they want to, and in the way they desire. For certain basic reasons (health and safety), limits are set for the children, but only as they are needed. The art therapist facilitates the children's free flow of activity and interaction. She reflects and interprets their feelings to help them gain insight into their problems.

The goal of therapy in the "Kids' Room" is not the elimination of problems, nor the elimination of conflicts, bur rather to enable the child to live out his/her difficulties in the full light of consciousness. My motto: Give the four T's a try -

THERAPIST - TOTS - TOYS - TIME - to disentangle your kid's problem. Punching a bouncing "BoBo" the clown is better than punching Barbi-Jo, the child. The use of play situations and art materials by the art therapist in her work with children, is to provide a medium of communication that may make it easier for the children to reveal their difficulties.

Clark Moustakas wrote about a play therapy program at Merrill Palmer School...

> "Every child is given an opportunity to express freely feelings about himself and others in his life. Those children with disturbing emotions have a chance to work them out. The Program is a cooperative effort between the nursery school and the guidance service. Parents, too, play an important role in this program...It enables a group of growing children to live their emotional lives more freely and fully. It helps them to be alive and unafraid, so that they give more of their true selves to themselves and to society." (1953)

Preventive work with children beats curative therapy. Primary prevention contributes to the mental health of the children.

EXCERPTS FROM ART AND PLAY THERAPY SESSIONS

I have selected excerpts from art and play sessions in the "Kids' Room" of five children. Each child presented a special problem. The excerpts deal with short-term therapy, with sessions 45 minutes long, one morning each week for a specified time.

The art and play therapy enabled the children to work through problems and traumatic experiences of home situations and release feelings of anxiety, fear, and tension. The possibilities of future emotional difficulties are hopefully lessened by giving this therapeutic aid early in the children's lives before more serious problems occurred (primary prevention).

The four excerpts will be confined to the play and the art work (if any) dealing directly with the problem during the session(s).

1 LESLIE, AGE 5 "PRIMAL SCENE" (Sex and the Tots)

"They're doing pussy, look Melvin!" (rubbing two naked dolls together) "Look, Kissing." Hearing these words, my attention flashed to the dollhouse (away from Walter who was hammering away as if he had heard nothing). Leslie, age five, had been in this group of 3 children (Melvin, age 5, and Walter, age 4½) for two months - attending every Wednesday morning for 45 mintues. She had been referred by her nursery school teacher because of her behavior. It was reported that Leslie tried to rule all the children in her class and would withdraw completely when she was not permitted to "run the show." She appeared anxious and unhappy. She tried overly

hard to be liked, but her bossy, overbearing manner made her unacceptable to the others, which caused her to be alone.

Leslie was the only child of young parents who were separated. She lived with her mother in a small apartment. Leslie had to remain at the school later than most children in order that her mother could pick her up after work each day.

The week before this sexual doll play, I had recorded her activities as she played in the other dollhouse. She had appeared intent and excited in her play with the little male- and female figures. She had placed them in the bed - taken the little boy and put him on a chair at the kitchen table and had gone back and turned the bed over, mumbling something to herself as the two "parent" figures fell to the floor. She left them lying there as she arranged furniture in all of the other rooms - checking for missing furniture in all of the other dollhouses. When everything appeared to her liking, she slung the two parent dolls roughly back into their bed commanding them to "get in there" and strutted away to the doll box. She had not returned to the doll house anymore during that session.

This particular week, she had a captive audience (Melvin) as she played with the dolls from the other play house. "They're doing pussy, look Melvin" (as she rubbed the naked female and male dolls together). She had forced the dolls' clothes off (the little clothes had been glued here and there).

"Look, kissing - Look what that wife's doing - They're kissing his dick" (this said as she placed female doll's head horizontally to touch the area of the penis).
"Dick" (both repeat in unison) -
"Dick - dick - dick"

(Melvin and Leslie laugh a lot all during the action, paying no attention to anyone else in the playroom.)

Walter had never stopped his hammering, absorbed in hitting the pegs all-the-way-through the holes in the work bench.

The following week, near the end of the play session, Leslie came over to me with the (rubber) dagger,

"I'm going to stab you."

("Please don't stab me.")

She stabs me anyway as she said...

"I stab my mother"

("You stabbed me.")

"I stabbed my mother."

She left my side to play with the dolls. I gave the five minute warning and soon the session ended.

I had interpreted Leslie's sexual play with dolls as her having been exposed to adult sexual activity. It is known that inner city children from poor families living in crammed living quarters tend to be uncommonly well aware of sexual matters. They are likely to witness scenes from which most middle-class

children are carefully shielded. Restricted living quarters and crowding do not allow for privacy. These perceptive children, who appear preoccupied with sexual organs and sexual acts, should not be confused with disturbed children. Every effort should be made to eliminate their sharing their parents' bedroom and for providing sex education when the questions arise.

Leslie had probably been exposed to adult sexual play and intercourse at age five (maybe younger) and there is no doubt that this exposure was an overstimulating experience. When this child had (evidently) viewed the primal scene, she had known her parents well, but she had had a need to protect herself against any awareness of parental behavior that would destroy her basic trust. The sexual excitement with the nude doll play was "cathartic" - a "discharge" of emotions about the sex experience she had (evidently) seen at home. Through this play in the secure atmosphere of our playroom, Leslie's anxiety was reduced, making her able to adjust to normal social demands more easily. It is good that these emotional charged feelings about the scenes were not repressed in order to help prevent increasing her existing fantasies.

A thought provoking element in this contact was its possible connection with the feelings about mother from the session the week before. The combination of the three sessions - dollhouse parents knocked out of bed, sexual doll play, and the actions

around "I stabbed my mother" - suggest some connection in Leslie's mind. The act of her parents trying to be secretive concerning sexual relations may have led Leslie's fantasies in regard to sexual activity and secretiveness to think of the two things as something dangerous and something bad. And there may have been a need to "stab the bad mother." Leslie's mind needed protection from over stimulation and from the wrong kinds of stimulation. Changes in life circumstances could alleviate a condition that might lead to neurotic symptoms.

Investigation into the situation with Leslie's mother was needed. Since I was the program's sole art therapist, I had to rely on the director or teachers as my liaison. The director was informed of the situation and requested to tactfully relay it. This she did after school the evening of the "sexual doll play". The mother thanked her for the information and stated how she hated having only one bedroom. In addition, the director divulged some enlightening information to me about former conversations. It seemed that about six months prior, Leslie's mother had mentioned the fact that she and her husband were separated and that she had had nothing to do with a man for about a year and a half. Later, (about 3 months prior) she had happily related to Leslie's teacher that she had a boyfriend. And one month before the incident, she had informed

the teacher that she thought that she and her husband would be going back together. The following week of the session ("I stabbed my mother") Leslie's mother had jubilantly stated that she and her husband would be going back together and she was so happy - they would be moving to another section of the city to his home - a house that had two bedrooms. "I'm so glad that at last we will have two bedrooms." She appeared happy although she had stated that she hated to have to take her child out of the nursery school.

With the reuniting of parents and a two bedroom home, it is hoped that Leslie will be removed from visible displays of sexual activity and avoidance of the primal scene, thus, putting a stop to stimulating experiences for this little five year old girl.

Although, time did not permit us to work through the problem for which she was referred, a problem arose during the sessions that was worked with. It is my hope that she will receive some help in learning to interact in a socially accepted manner with her new nursery school classmates.

2 DIANE, AGE 4 "COLOR ME BLACK"

Mirror
  Reflection
Rejection
  Of What I See
Or Is It That I've
  Never Known
Never Seen Or
  Ever Shown
Me?

marian stanton-johnson

The problems of racism and poverty are intensified for the Black child in the urban community. Interaction with whites, generally in a role of authority or power, as teachers, doctors, etc., can and does facilitate the child's developing a sense of ambivalence about his/her skin color, which affects his own self esteem. The Doll Lady, discussed later in this section is a concept and strategy which I've developed to help the Black child, at a very young age, to appreciate and value his and others selves.

Today, Black awareness and pride are prevalent, and it affects very young children. We who work with the young should be alert for cues about the way the child thinks about himself or herself. Actions speak louder than words and when certain children's actions indicate that something is amiss,

we should initiate plans for change.

As an art teacher turned art therapist, I feel strongly about color - all colors. I love colors. Acting as an art and play therapist, I have become alerted to clues and cues as to how young children think about themselves - their brown color - their being Black. The dilemma that these Black children are in (reference to their color) is a great big one. This problem was brought to light in an art and play therapy session with my student-assistant. During the regular (after session) discussion with her, she had blurted out in a perplexed tone, "Lucille, you know the oddest thing happened in here while you were out. Diane was playing with a doll baby - came over to me - looked at me real hard - said, "You're white, I'm Black, and this old doll is brown," (Slamming the doll into the doll box).

Diane's declaration and demonstration illustrated a valid concern in which many parents, teachers, and we, as art therapists, share.

Diane, age 4, had been referred to the "Kids' Room" by her teacher, who had stated "she is very spoiled, having her own way most of the time at home. She cannot share and is very picky." She was in a group of 3 children (one other girl and a boy). During this particular session, after the the first 15 minutes, when the other two children had not appeared,

I told Diane that I was going upstairs to telephone her two group members to see if they were on their way. I further stated that I would be right back - that she knew A, my assistant, who would be with her. I had left the art and play room to return in about 15 minutes with the news that both the other children were sick and would not be in. Diane had continued her play for the remaining 15 minutes. Her teacher had come to the room for her and she left with the usual "bye."

Upon discussing Diane's perplexing statement with my assistant, I reminded A that this type of behavior at that particular time may have been a cry for acceptance and attention. In addition, Diane had been rejected (in her sight) by her two playmates (not coming to play with her). And then, I had left Diane - left her alone with a relatively new person. (She had met and played with A the week before). This second rejection by the therapist may have had a two-fold meaning for Diane. She may have felt that the therapist was needed for her (Diane's) protection; and the actions of the therapist may have been felt by Diane to stimulate her feeling of rejection in the fear of being abandoned by mother. To establish a positive identity, all children need a stable environment and consistent positive response from the "significant others" in their lives.

> "...It is the most difficult of tasks to be Black in a white world; it is back breaking, head splitting, and often unnerving. But we are getting up. Trying to move. Coming on."
>
> Haki Madhobuti

Diane's signs of ambivalence about her color go deep. By the age of 3, many Black children are aware of racial prejudices due to differences in skin color. Being Black - our color marks us as targets for discrimination. The psychoanalist, Harry Stark Sullivan, has written about the "delusion of uniqueness" - the feeling that one is different from others - and therefore somehow inferior. In childhood, the push toward being like "the national image" of everyone else, to find some identity in belonging, is especially great. Black children need all the pride in their skin color that we can give them, starting right after birth. Diane's words "this old doll is brown" and her actions of throwing the brown doll away with a bang indicates "self-doubt" and rejection of "self." In Erik Erikson's theories on identity, this psychoanalyst, widely regarded as a major authority on children, links the feeling of shame with that of self-doubt.

In the last few years, pride of ancestry and of color among minority groups has come to fore. It started when Black people proclaimed "Black is beautiful" - that led the way. But there appears to be relatively little experimental evidence as to whether or not the "Black is beautiful" concept contri-

butes significantly to self-concept formation in preschollers.

In a recent song by James Brown, there is a new dimension added to Blackness - "Say it loud, I'm Black and I'm proud." This has a more personal meaning for adults, yes, but what about our children? So it is seen that today, Black awareness and pride are pervasive, but what effect do they have on very young children.

Since Blacks are only 11.1 percent of the United States population, our children are a conspicious minority. It is important that we get over to our children the concept - that in the entire world peoples of color are in the majority and that they should be proud of their color. We need to work with the preschoolers to defeat the psychological hang-up of Black - their skin color Black being equated to things that are impure. (If people are knowledgeable about true history, in the early, very beautiful civilizations the color Black (ebony) represented everything that was pure). It takes a long time for children to be able to separate the idea of the color Black as equated in the two different concepts.

"BLACK IS BROWN IS TAN IS CREAMY SKIN COLOR."

All children should be brought up to accept skin colors, theirs and others, happily and naturally.

In helping the last three children, the sessions spanded 6 to 8 months. It would be impossible in the following excerpts to reproduce the amount of art work that was drawn and painted and to report the amount of play that went on and was dealt with during the many 45 minute sessions. Therefore, only significant part of relevant sessions and the accompanied art work produced (if any) in those sessions will be included.

3 ORENA, AGE 4 "SMILING FACES" (An Elected Mute?)

Orena, a small, slender, wispy three year old girl not quite happy at being escorted to the "Kid's Room" by the director of her nursery school. She appeared not to hear my greeting. With a far-away sad look, an unsmiling, unhappy face, she stood like a wooden statue as her two companions ran into the play room in glee (they were regulars to the "kids' Room"). Orena exhibited no resistance (and no help) as her coat was taken off for her. The director, prodding her to speak, finally was rewarded by her lips moving in a voiceless "hello." With a kiss good-bye to Orena a wave to the busy two, she left promising to return for them in an hour.

Orena did not move from that spot during most of the session. She did not cry, she did not smile, she did not howl or whine.

She did not do anything but stand perfectly still with thumb in her mouth staring into space in stony silence. This silent child did not try to explore her new environment. The toys, the dollhouses, and the dolls, the tables and chairs, the easel and paints, and Bo-Bo the punch-back-clown, did not catch her interest. She appeared to have no curiosity about the room - its toys and materials. Most children, on entering the "Kids' Room", proceed to explore the environment and satisfy their curiosity, but not Orena. She had made no attempt to make contact with the other two children from her school who had entered along with her. Tim, age 4, and Pauline, age 3, had extended friendly overtures to Orena to play with them but being silently rebuffed, had gone on with their play. Instead of Orena playing, she stood mute for half the session in one position.

The only action from her was related to her personal need and desire for the toilet. I had to be alert and reflect her unspoken wish - ("Orena, do you want to go to the toilet?") (I had safely interpreted the clutching her dress at the buttocks area). She shook her head indicating "yes." She appeared to rely heavily on gesturing, nodding and shrugging. On our return (hand in hand) she stopped at about the same spot (just inside the door) and there she stood. After talking to her (in a squatted position beside her), I pulled up a little chair in order that it would be placed just behind her. I told her

what I was doing and offered her the seat when she felt like sitting. About 10 minutes later she quietly slid into the chair where she remained mute with thumb in her mouth until the director came for her, put her coat on her and led her from the "Kids' Room". With the director's urging, she whispered "good-bye"to me as the four of them left. None of my efforts to make her welcome and a part of the group had been successful.

2nd SESSION

The next week, Orena's teacher led her into the room as Pauline and Tim ran in greeting me. They threw off their wraps as they rushed toward a favorite play toy. But Orena and I went through the same "whispered greeting" routine. This time Orena clutched an unwrapped sucker in her hand. The other two children were eating theirs - but Orena just sucked her thumb and stared straight ahead clutching her sucker. I tried to make some contact with her, but in vain. Later I noticed her longing glances at the dollhouse. About 10 minutes later, while Pauline was playing in the dollhouse, Orena slipped over to the little house. Pauline played all around her and with her, but Orena did not respond. A little later, Orena slyly began to unwrap her sucker - Pauline, hearing the paper rattle, offered

to open it for her but Orena shook her head "no."

Next her attention turned to where Tim was playing with pouring water into a nursing bottle (real baby bottle). Orena appeared facinated by this and moved closer - peeked into the utensil closet and grabbed a tiny baby doll's bottle. Pauline and Tim played as Orena stood near clutching her miniture bottle in one hand and that sucker in the other. She finished the sucker and walked over to the waste basket to throw the stick away - walked back a few steps and stood watching the others play but making no attempt to join them again. Her teacher found her standing mute at the end of the session. I helped them with their wraps, and the two shouted "bye", and Orena being reminded, whispered her farewell.

I noted that Orena's gesturing, nodding, and shrugging seemed to be the bridge between her intended meaning and language. My first goal for Orena was to have her cross the bridge of gestures to the spoken word. This silent, dependent, timid child - was she an elected mute?

"Elective mutism" is a voluntary silence or a delayed onset of speech. Dr. Kanner (1962) calls it a "not-yet--speaking" child. It is the dealing with problems of verbal communication of individuals who may be under the impact of emotional conflict. Orena's nursery school records indicated that she had comprehension of language and her motor ability was intact.

But there appeared to have been strong hostility and resistance to speech.

It must be taken into consideration that the quality of the voice of a shy, timid, retiring child is different from that of an aggressive, boisterous child. Many anxious, insecure children hardly speak above a whisper.

Orena lived with her parents and two sisters, Glenda, age 14, and Lori, age 11; and brother Marvin, 13 years old, in a three bedroom house. She was placed in the nursery school when she was 3 years and 9 months old and began art and play therapy 3 months later. The reason her parents had given for Orena's placement in the nursery school had been "she needs the involvement" and a description of their child included the following - "she's slow to adapt to people, afterward, she's friendly. She needs sharing." It was reported that her hearing, speech and vision had been tested with satisfactory results - her persistent mutism was without physical cause - no language disturbance - no hearing impairment.

In answer to my query as to what the parents had said about their daughter's refusal to talk, I was told by the director (for necessary information this writer had to rely on nursery school records or oral information) that the parents had made the defensive statement..."Well, she talks at home." But further inquiry by the director had indicated the mother's

inability to relate any statements that Orena had said except "yes" and "no" to her mother's regular questions about her play during the school day. The parents had been quite noncommitable about the problem and would not come to the nursery school to discuss it. The K's appeared to be like some parents who see the problems their children are having but will not do anything about them. They just cannot get themselves together to believe their children have problems.

The three months that Orena had been in nursery school, her teachers had reported that Orena's sad unsmiling look had hardly varied except for a faint response to intensive social stimulation. She was cooperative after prodding, but always passive and totally lacking in initiative. The director's chief complaint had been that Orena did not speak, was extremely dependent and related very little to other children. Her teacher had reported that Orena consistantly stood quietly about the classroom while other children ran, played, and ate. The teacher expressed concern over her general lack of vitality. Her rapport with director, teachers, and peers was nonexisting.

When I inquired of three year old Orena's date of birth (for my records) I was shocked to learn that she would be four years old within the month. This made me extremely concerned about her apparent mutism. Dr. Lee Salk had written in the

Sunday Sun (1975)

> "As a general rule, when a child shows little or no speech by the time he is 3, I recommend to parents that he be evaluated by a psychologist and a speech therapist."

Dr. Leo Kanner (1962) emphasized the point that:

> "children presenting non-organic language disorders often seem to have disturbed family relationships which render them emotionally insecure with various patterns of accompanying symptons of maladjustment; the home atmosphere is determined by the personalities of the parents seems to be the most important single factor influencing the child's acquisition of language."

I had to dig for additional information from the school. From secondary sources - neighborhood parents with children in the nursery school, the director reported that several parents had remarked that Mr. K ruled with an iron hand and that all the family was frightened of him. But the director had remarked that in the two parental visits he had made to the school, those remarks could not be confirmed or denied. Neither parent was very open or free in his discussion of Orena. When queried over the telephone about Orena's continued problem of refusing to talk - of remaining mute - he quipped "she's going through a phase that she'll outgrow. Her mother is like this - not speaking, silent." It appeared that Orena would only relate and talk to the family members.

With this background information and with having worked with Orena in the first two sessions in the playroom, I realized that this would be a slow, painstaking process, requiring

genuine liking for and interest and faith in Orena. I was deeply interested in this neat small, attractively dressed lonely girl that appeared to need love (among other things) and wanted to help her. I remembered having heard a teacher say, "relationship is built by the child - awaited by the therapist." I would wait. Special strategies were needed. I mapped out a plan of action. Our art and play therapy sessions must be centered primarily on the emotional and situational causes of the difficulty. I must deal with Orena according to her individual personality and needs. I decided on structured sessions in one-to-one play periods with Orena for the first 15 minutes of each session. Utilization of this special time together would act as a therapeutic experience. Thus, Orena's sessions would be extended to one hour in order that she might be able to spend the full time (45 minutes) with a carefully chosen group in which she would be placed. This group would consist of the brother-sister team currently in art and play therapy. The brother (4½ year old Leroy) was older, outgoing and protective of his sister, Fern (3½ years old). It was hoped that the brother would be equally outgoing and protective toward Orena and the sister and Orena would be compatable. It was anticipated that this group setting in the "Kids' Room" would accelerate her emergence from isolation and inspire her to talk and laugh, to paint and play with her

peers. The selection of the correct peer group to play in the room with Orena was of equal significance as the planned one-to-one relationship. This plan of action for Orena would have to be implemented two weeks hence as the brother and sister were visiting their grandmother.

3rd SESSION

During the 3rd session, Orena spoke one sentence - three words. This happened after the three children, Pauline Orena and Tim had entered and lively Tim and Pauline had begun playing with the nursing bottles in the housekeeping area.

Pauline: "I'm going to make this house like my mother's house."

(They played for about 10 more minutes with Orena standing and watching out the corner of her eye.)

Tim: "I think we got to buy a new stove."

(Pauline poured some water in the dish pan and picked up her nursing bottle and drank from it - poured more water in the pan and sucked water from the baby bottle several times. Orena edged closer to Pauline, apparently fascinated by the baby's bottle of drinking water. In a voice, a little above a whisper Orena said, "Let me see." (These were the first words she had

spoken in this room during the three sessions). She dropped to her knees beside Pauline, inspecting the bottle.

Tim: "Let's play store."

Orena crawled around them, watching as they played store and sucked on their nursing bottles. She looked longingly at the sucking actions. (Therapist to Pauline) - "Do you have a bottle for Orena?"

Pauline: "Orena, you want to play?"

Orena shook her head up and down (yes) and crawled back to the dollhouse where Pauline was playing.

Pauline: "Little girl stand up."

(Took her hand to pull her up but she stayed on her knees.

"Little girl, is this what you want?"

(She handed her a nursing bottle of drinking water and gave her money).

"Somebody has to come to the store.

Orena, you want something from the store?"

Orena shook her head back and forth (no). Later she stood up and walked over to the store corner of the room and watched Pauline, still holding on lovingly to her nursing bottle. Pauline stopped playing store and marched over to the table of art supplies and announced, "I'm going to draw." Orena followed her and watched her draw and then walked over to Tim who was playing in water with the dolls.

Tim announced, "put alcohol in baby's bottle." (He fed baby) "don't wet your pamper."

Orena was still clutching her nursing bottle (not seeming to have the courage to let herself go and suck from it as she watched the interaction.

Tim: "Who's going give me hair cut?"

Pauline: "I am,"

(Took a pan and poured water in it for oil, got a pair of sissors, a comb and brush and worked on Tim).

Therapist: "Children, there are 5 more minutes to play." Orena watched the others a minute - then walked to the far corner of the room, dropped her nursing bottle and picked up BoBo the bouncing clown - she carried it to the middle of the floor - let it bounce down on floor - repeating this several times and ending her play by bopping it in the nose. Their teacher came for them and the three children left.

After that session, I was encouraged. I had worked to help Orena establish contact between herself and her playmates - I had worked to get Orena at least one step closer to becoming involved. I was pleased that her stiff indifferent facade had given way to the longing glances, but I noticed that when directly questioned, even by her playmates, she responded only with gestures. I was satisfied to see at least a little parallel

play during the session. All in all, her actions and reactions had illustrated that Orena was actually in good contact with her environment and the children in it, even though apparently noncommunicative.

4th SESSION

The following week, Orena appeared 15 minutes early in order that I could begin working towards the goals in socialization planned; the first being to begin "special time" (therapy) relationship on one-to-one basis, second, providing regular use of the "Kids' Room" to present the chance, the space and the supplies necessary for freer expression of feelings, and third, to encourage the interaction of a brother-sister team with Orena, as the carefully selected group needed to encourage excelleration in Orena's minimal responses.

During our one-to-one session there was a breakthrough with Orena. This breakthrough initiated regular conversation between us. It all happened via the telephone. Orena and I had begun the session with a one-sided conversation. I sat on the floor and encouraged Orena to sit on my lap. This, I felt would help give her reassurance and warmth. I talked to her in a soothing tone - conversation that required no

answers from her. After a while, as we both got up, I suggested that she play with whatever she wanted to. I moved away (putting toys in order and clean paper on the easels). Orena slowly wandered over to the housekeeping area and picked up the (real but unconnected) telephone and dialed. The therapist must be alert at all times to reflect the unspoken wishes of the silent child, so I walked over to the nearest phone and answered.

Therapist: ("Hello, hello, who is this?)

This started a stream of short conversations by Orena who each time gave herself a new name. The procedure consisted of the short conversation - hang up - dial a new number - therapist again answer - short conversation - hang up, etc..

We played this game for over five minutes. Each time that I would hang up and walk away, I'd hear a "ringing" voice sound and I'd quickly hop back to answer the phone. We had just finished our 6th call when a knock came on the door and in bounced Leroy and Fern with their lively greeting, "Hello Mrs. Benture." (sic)

This began Orena's interaction in her new group. Leroy and Fern tried to draw Orena into their play but she wasn't cooperative. Fern gave up and played with her dolls. Leroy played to his liking and regularly tried to draw Orena into his play. But, all she would do was to follow, first Fern

and then Leroy, around as they played - staying close but saying nothing. When directly questioned by the children, Orena would respond with only gestures.

One significant clue was noted during this session that I have come to call the "fuzzies." Leroy had been playing with a life-size green fuzzie wigglie catapillar-like worm and had glanced up - seeing Orena near, offered it to her. To my surprise, she accepted it lovingly - examining it and gently holding it and rubbing the fuzzie fur-like texture. For the remaining 20 minutes she clutched that worm.

Orena's apparent enjoyment of the fuzzie textured animal would aid me in structuring my next session with her. In addition, it was clearly indicated that for Orena, the therapist's attention was a strong positive reinforcement.

Telephoning, with no eye contact necessary, provided the opening for establishing rapport through conversation between us much easier. Her behavior (telephoning) which was exhibited during the one-to-one interaction, had risen rapidly to a high rate. It is generally understood that often elected mutes, the silent children, are trying to work through the reasons for their feelings of loneliness and apathy and want to talk to someone. The telephone and the adult attention were positive reinforcers. A continued approach using the telephone as motivational attempts in helping Orena to gradually express

her desires, her fears and her anxieties more freely, would be used in future sessions.

The following week when Orena did not appear, a telephone call to the nursery school provided much information. Orena was absent due to illness and I was informed of Orena's non-verbal and noncommunicative state at the celebration of her fourth year during her birthday party at the school. Both her sister and her father had been at the party with the children. All the children had eaten ice cream and cake and had drank chocolate milk, but Orena. She had not touched her goodies, she refused to join the group in fun and games - electing to stand alone, mute and unsmiling. Neither her sister or father had been able to vary her behavior no matter how hard they had tried.

That conversation brought forth disturbing fears that I had tried before to quell. Was Orena too anxious to join with the other children? Was she fearful of her father? Was her father demanding too much of a little four year old girl? Was Orena being denied solace from her parents? I lamented the fact that the family was inaccessible for frank dialogue about their child.

5th SESSION

Three weeks had passed and it was the beginning of a new year when Orena next appeared. But the next significant breakthrough came three months after she had entered. Orena was now coming to art and play therapy regularly. She would enter the "Kids' Room", speak to me and return my greeting promptly but in a quiet voice. I had begun encouraging her to remove her own cap and gloves and coat - this she would do. A boost was generally needed to get her started in play. I would repeat that she could play with anything she wanted to in this room. Oft times she would go to the dollhouse and play.

9th SESSION

It was near the end of a not-so-regular group session when another "breakthrough" occurred. Morris (a 5 year old) had been scheduled for art and play therapy the day before, but had been absent. This day, Leroy and Fern were absent so their social worker had brought Morris in their place. During the session, Orena had first continued her dollhouse play, ignoring Morris' friendly overtures of conversation. Later she had

taken a seat in the little rocker watching Morris as he played "cops and robbers" with guns, badge and handcuffs. As he played across the room from her, he called out her name but she wouldn't respond. This he repeated 3 more times but she refused to answer but crept over to the cupboard - pushed the opened door forward far enough to crouch behind it and hid. Making the cupboard her fortress she laughed when he called her name the fourth time. (This was the first time I had heard her laugh - I had never seen so much as a smile - now laughter came forth like a burst of sunshine). Morris heard her and saw her hiding and came after her but she laughingly barricaded herself behind the swinging door. Morris moved back with his gun play. Orena picked up the alligator puppet out of the closet laughing and ducking behind the door again and threw it across the room, just missing Morris - then threw the witch puppet at him giggling and giggling. She then got nerve enough to go after her alligator puppet that by this time Morris was fondling. They wrestled for it - laughing and tugging, tugging and giggling until he let her have the puppet. She took the alligator back across the room and played the remaining of the session with it and a two yard furrie friendly snake.

13th SESSION

As an art therapist, I paid particular attention to Orena's art work and wondered about its significance. This particular morning, Orena arrived on time and after the usual quiet greeting she started to play, saying nothing. About 10' mintues later Orena dialed a number on the telephone. I picked up the phone and asked is someone was calling me? Orena's dialogue went like this -

> "Hello, the witch - I'm scared of witch. I can't play with the dolls here, witch might get me...The witch got run over."

I replied that if the witch "got run over" she could not hurt her and she (Orena) should not be frightened as the witch could no longer scare her. I offered to put the witch out of the room and she agreed. We talked about "nonsence" things and then she hung up. I noticed that during exciting speech expression the speech pattern indicated a sort of "stutter" to get words out as the ideas crowded to come out. This I had noticed once or twice before.

Orena was exploring additional puppets from the shelves as Leroy and Fern entered and spoke. Not having had time to put clean drawing paper out, I proceeded to do so. Orena watched me as I put the clean paper on the painting easels.

I caught her glances and asked her if she wanted to paint. She shook her head up and down for "yes". I requested her to put on the smock - I buttoned it in the back and she began painting. She painted the first picture filling the page with "smiling faces." I asked her if she would like another sheet of paper and she shook her head up and down for "yes." (See Figure 1 and 2). After I had replaced the second sheet and it was filled with smiling faces, she just stood at the easel with brush in hand. I asked her if she were finished and she shook her head up and down to indicate "yes."

Fern asked Orena if she would play with baby bottles with her. Orena walked over to join Fern and played with the bottles and the baby dolls and the dollhouse until the end of the session.

I could not believe my eyes when I first saw Orena painting and painting all those smiling faces. How could it be? This one unhappy, unsmiling girl that I had never seen smile (I saw her laugh and giggle one time) was painting all of these smiling faces - it could not be but there the three pictures were as evidence. After the session, I telephoned the nursery school for clarification. I received an abundance of information. First, Orena was now talking a little, saying good morning above a whisper, answering yea or no loud and clear

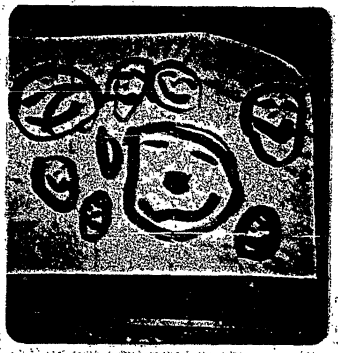


Fig. 1

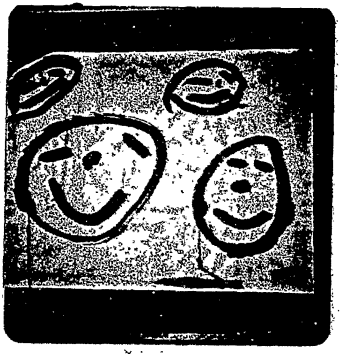


Fig. 2

Fig. 4

Fig. 3

for things she desired and requesting that her needs be met. In all, she was beginning to talk and play a little in the school. The painting of the smiling faces had been taught in class.

14th SESSION

During this 14th session, Orena had marched to the painting easel and announced -

"I want to paint."

I reminded her that in here she could paint when she wanted and cautioned her to use the smock. This she did and as she started to paint she looked at me and stated, "I don't want to paint faces." I assured her that she could paint anything that she wanted to paint. She painted and I watched, staying close for support. As her scribbles took solid shape she said, "This is a duck/a duck with a hat on/a koo koo duck/ a koo koo duck says doo do." She continued, "he has a long neck. These are worms for him to eat." (Pointing to little marks on the page in Figure 3). "This is a little duck". (She finished picture by adding the last worm).

"I want another piece of paper/I want to take this home with me," referring to the completed picture. Orena began painting her second picture saying nothing and soon finishing.

As she completed this picture she looked up at me and announced, "I'm finished." (See Figure 4).

Fern had seen Orena painting and had promptly piped up, "I want to paint a picture." I helped Fern put on her smock and she painted. Orena left Fern painting as she headed for Leroy who was beating the drum. As she watched him, she spied her fuzzie green worm - picked it up and threw it on Leroy's drum and as he banged the drum, the wiggly worm danced. She squealed and screamed in glee as the drum was hit harder and harder and the worm danced in excitement. Orena grabbed the tamberine and shook it as Leroy played the drum louder and louder. He threw the drum down and walked away. Orena picked it up and began banging vigorously. I placed the little creature back on the drum and she smiled as the worm danced. Later when the session ended Fern and Leroy, as well as Orena left with a cheerful "bye".

Although Orena was overly withdrawn in her group, she symbolically expressed aggression at the easel. She had appeared less anxious and more free in her behavior while painting - more free during the painting situation than during other play activities. In that kinesthetic painting experience there was a joy of recording movement. In that particular instance, suggestive of greater freedom for her included verbalizing, a more personal type verbalization, and more physical expression of pleasure, and a more social

interaction such as calling attention to self and to work.

Socially withdrawn Orena appeared to have benefited from the painting experience. In this child who was characteristically muted in action and reaction, there had been some indications of special pleasure and increased freedom.

15th SESSION

It was during the last few minutes of Orena's fifteenth session that she made an attempt to interact with Leroy in addition to her regular parallel play. She had been watching Leroy run his miniture VW into the little gas station and then up the repair ramp when she noticed the little wooden "people" figures standing near, and grabbed them. She imitated Leroy's actions by making them slide down the garage ramp. As they rolled and tunbled down she chanted "dumb, dummie" (and laughed and laughed and laughed). "Watch this" (as she let an animal slide down the garage car ramp). "Watch This" (she said louder to get Leroy's attention). She played with and talked to the animals,"dummie, dummie" (as she sank on the floor laughing and repeating "dummie, dummie".

By this time Leroy was water playing and as Fern left her paints to join him, I had called time for the session to end.

That was Orena's last visit. On inquiry, after two absentees, I was informed that her mother was ill and was keeping her home. The next week the nursery school director that Orena's mother had withdrawn her from the early childhood program.

Although the parents muteness with regard to discussing Orena's problem and their relationship to this program proved to be stumbling blocks in our therapeutic art and play relationship, it was rewarding to have seen Orena move from an immobile passive observer, to parallel play with occasional involvement, to the spontaneous assertive initiation of the "peek-a-boo, hide and seek" activity and the special pleasure and increased freedom gained during her painting experience.

A life of poverty can severely limit the time and attention devoted to a child's intellectual and emotional development. Poverty's children are behind and need to make use of services offered for preschoolers in order not to continue being behind on their first day of kindergarten. A child who at four was refusing to talk and play, may have been reflecting some emotional problem and every effort was needed to help alleviate the cause of that mute behavior. It was with a heavy heart that I was forced to end the therapeutic relationship at the dawn of progress, but it was a joy to know that art and play therapy had "opened the door" for Orena to "run through"

as she embarked on the path to playing with and talking to playmates and adults.

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4 FERN, AGE 3½ (Sister)
"HELLO, THIS POLICE"
(Family Crisis)
LEROY, AGE 4½ (Brother)
"I'M THE FATHER" (Family Problem)

"HELLO, THIS POLICE?" (Crisis)

"Hello, this police?" (On this, the first time to visit the "Kids' Room," three year old Fern had entered, was introduced and spoke politely to me as she simultaneously spotted a real telephone (unconnected) on the little table, and the action started. She dialed the phone again).

> "Police - I want police, you
> better come over here."

She banged the phone down - glanced up to see a big box of dolls - tenderly took a baby doll - pulled out a little chair at the table - sat cuddling baby and grabbed telephone again - dialed -

> "Hello, hello, police,
> somebody's go'in to
> shoot you."

She banged the receiver down again - rocked baby as she reached for play-doh and saucer from the nearby cupboard - fed baby by

stuffing and forcing play-doh in baby's mouth. She stopped feeding baby and dialed phone -

"Hello, I'll come over here and mess you up."

(Fern hung up - dialed again) -

"Police, I called policemen. He's going to come and kill me."

Leroy (age 4½) stopped exploring the toy boxes and came up to her saying -

"Shut-up, shut-up. Tell that baby to stop that screaming".

Fern ignored him as she tenderly cared for the baby - She spied a nursing bottle laying on a shelf - reached for it and tried to jam nipple into baby's little closed mouth - when unable to do so, she stuck the bottle into her own mouth and sucked away as she continued to fondle the baby, saying -

"Baby, you want to sit on my lap?"

Leroy selected a doll from the box and reached for nursing bottle. Both children then enjoyed sucking from their nursing bottles and feeding their babies. Fern tenderly, lovingly looked at her baby and said -

"Want take your (under) shirt off? Baby, you better stop crying. Come on girl. Girl, stop.

Leroy approached Fern and shouted at her -

"Get this fat girl and take this fat girl home."

He dialed the telephone - slammed receiver down - turned to Fern (calling her "moma")

> "Moma, take baby -
> Girl take pants off -
> You better stop baby, I'm not playing."

Fern (as moma) repeated "You better stop girl, I'm not playing.

> You better stop before I spank
> you. Stop, baby, making that noise."

Leroy spied the Ivory Liquid bottle in the baby's bathtub - pulled both from the cupboard - grabbed bottle turned it upside down squeezing water out into tub - both children water played - first washed the baby - later Leroy took sponge and washed wooden roof of the big dollhouse - Fern continued to soap and wash her baby - later, Fern imitated her brother by washing the other dollhouse. As she scrubbed the roof, ..."You're not cleaning up with us." Leroy ignored her and continued his cleaning, saying -

> "Moma, don't come down here - do you
> hear me moma - this is mine down here
> (meaning basement)"

He then asked "Do the home look pretty?

> Mrs. Benture (sic), do the home look pretty?"

I assured him that the home was now nice and clear and looked real pretty.

Both children were still water playing at session end but stopped and eagerly prepared to leave when their beloved "Miss

Eddie" (their social worker from school) came for them. They appeared relaxed and happy as they skipped out of the "Kids' Room". I have never witnessed a more vivid demonstration of the way play reveals children's stressful problems in times of crisis. "Children in play act out what they see and hear and hense reveal themselves, as well as master themselves and their world." Erickson (1964)

This visit had been four year old Leroy's and his three year old sister, Fern's first visit to the "Kids' Room". They had been referred to preventive intervention art and play therapy because of family troubles. The presenting problem had been spelled out this way: The parents were having family troubles - they argued and fought regularly - the father had an alcoholic problem - was violent at times - had been recently fired from his job. The mother was trying to separate from the father as they tried to raise two lovely children - a fat chubby baby girl of three and a protective, helping older (four year old) brother. The nursery school's social worker was working with the whole family in a limited capacity.

The social worker, the director of the nursery school and I agreed, after discussion, that Leroy and Fern would attend the sessions together. There appeared to be no sibling rivalry. Since they were so close - close in age, close in affection for each other - and they shared a "common" problem, the sessions

would give them an opportunity to share experiences and ventilate their inner distress.

The helping strategy that I found necessary after this first session, where my role had been relegated to nonparticipating observer, was to continue encouraging the externalizing of the children's stressful family troubles, realizing that their problems have a psychological origin. In addition, if there appeared to be another crisis, an immediate extra session would be scheduled. Externalizing leads to understanding and an alleviation of emotional and mental pressures. These pressures were present with these children (and many others) in the process of their growing up.

This family trouble had precipitated a crisis in Fern's life. "Crisis" is better understood if we look at Erik Erikson's statement...

> "...it may be a good thing that the word 'crisis' no longer connotes impending catastrophe, which at one time seem to be an obstacle to the understanding of the term. It is now being accepted as designating a necessary turning point, a crucial moment, when development must move one way or another, marshaling resources of growth, recovery, and futher differentiation. This proves applicable to many situations; a crisis in individual development or in the emergence of a new elite, in the therapy of an individual or in the tensions of rapid historical change."

The majority of black families are in the socio-economic bracket that requires two salaries if a family is to keep

head above the water. Socio-economic problem (lost of job) had a lot to do with the family's troubles. This family was headed for a "break-up" due to the husband's (father's) sickness (his leaning toward becoming an alcoholic, coupled with other surrounding and preexisting difficulties.) Family problems, leading to a family "break-up", add another hazzard for children.

When dealing with children, the full impact of life can never be appraised. Usually, most children brought into the playroom for the first time, will investigate curiously. Their normal curiosity is to explore, finger, pull out and ask questions about the room filled with all sorts of toys and materials. Leroy had explored the exciting environment before being drawn into family play. Fern's feeling had been stronger than her intellectual curiosity, thus, she confined her play to the same play materials throughout the session. Both Fern and Leroy had assumed the adult roles of mother and father. The therapeutic process began with Fern almost immediately on entering the room in this first session when she was at once drawn to the "housekeeping" corner where she took a baby doll and kept it clutched to her throughout the session.

The expression of all her feelings were clearly focused on "mother and baby." The real telephone (used unconnected)

acted as the magnet that drew Fern to the instrument from which she could project her fears (emotional needs). She re-enacted the events of the family crisis. Through play, Fern has reconstructed a vital and immediate part of her life, one that she did not clearly understand. She used her imaginative play to imitate (copy) dialogue to her doll baby (herself in real life) as she took the part of her moma, in order to be able to express her emotional problem of fear. Fear for her mother's life as well as fear for baby (herself) was evident. Fern showed her positive identification with her mother during this session, repeating what mother apparently said and mimicking mother's behavior. The episode reflected the fear and anxiety that Fern had faced in witnessing parental fights. She was able to release a great deal of feelings as she explored and re-explored those fears.

Through Fern's use of imaginative play with toys and play materials, she externalized impressions and feelings to work out the situation and emotions created in her family life. She grew in her power of reasoning and logic and gained in inner strength as she clarified her hazy, incomplete understanding of the real world - the world of objects, happenings and people.

"I'M THE FATHER"
(Family Problems)

This seemed to be a bad day for Leroy. This first day in May marked his fifth month in therapy and the beginning of a "new wrinkle" in problems. This particular day, Leroy started out "big and bad". He marched in - got his guns - put them in the holster and strapped it around him. He played in the area for a while before sauntering across the room to Fern shouting as he pointed the gun at her -

"Police - I'm going to shoot you"

Fern answered -

"I'm not goint to move."

Leroy shot her again. Fern stated -

"I'm not going to get kill."

She kept on cutting paper at the art table. They had a little scrimmage and Leroy became very angry. He dialed a number on the telephone as he picked up the received and said -

"GO TO HELL"

Fern looked at me and said "ohh-ohh,

"He said a bad word Mrs. Benture (sic). He said bad word."

Leroy picked up the phone again and shouted -

"MOTHER FUCKER".

Fern perked up and loudly stated -

"Leroy said 'MOTHER FUCKER'"

as she looked me square in the eyes. I repeated -

"Leroy said a bad word and you think he shouldn't."

But that didn't satisfy Fern, she repeated

"I didn't say 'bad word', I said he said 'MOTHER FUCKER.'"

I explained to them both that in this room, they could way the words that they wanted to but they knew that those words were "grown-up" words and that they should not use them outside this room.

Leroy piped up (to Fern)

"I'm going to call the police on you."

Fern telephoned -

"Police, come on and get Daddy."

She then looked at her watch and in a voice that imitated mine said -

"Children, you have two more minutes to play and then you have to go back to school."

I thanked her.

Note: During this session Orena, the withdrawn member of the group, had played to herself in parallel play and ignored the telephone calls and obscene words, as if they hadn't existed.

Fern played with water from her bottle - poured it in the tub

and began washing her baby.

"I'm washing baby so she can go to her grandmothers."

Orena's teacher knocked and entered as we ended the session and waited for Fern and Leroy's social worker.

NEXT WEEK

Orena was absent but Fern and Leroy bounced in as usual singing out my name -

"Hello, Mrs. Benture" (sic) in unison.

Fern announced,

"I'm going to call VICKIE".

Leroy piped up -

"FUCK YOU FERN."

This started an exchange of foul words.

Fern quiped "Fuck you"

Leroy: "Kiss my ass"

Fern: "Shut up fucker"

Leroy: "Oh fucker - bitch"

Fern: "Oh fucker ass."

Leroy: " You should of get your mother here."

Fern: "I'm going to call the police."

Leroy: "Kiss my ass - Kiss my fucker - kiss my fucker."

Fern: "I'll kiss it off.
I'll kiss your fucker off."

Leroy ended the conversation by shouting,

"GOD DAMMET - KISS MY ASS:

Leroy grabbed the baby bottle, sucking ice water from it - this action repeated again and again while Fern telephoned grandmother several times. The remaining of the session Leroy and Fern played house with him referring to her as Moma and with her referring to him as Dadday.

FOLLOWING WEEK

"Good morning Mrs. Benture." (sic)

both Fern and Leroy sang out as they entered. Fern slid up to the telephone and announced,

"I'm going to call my daddy."

as she dialed..

"Hello, daddy where's moma? She sleep?
Okay - see you - bye."

First Fern played with dolls then turned her attention to absent Orena.

"Where's Orena? Is she coming?"

Not waiting for an answer, she telephoned Orena.

"Coming over? You're not? You sick?
I'll tell Mrs. Benture. Mrs Benture,
Orena is sick."

I shook my head and thanked her for letting me know. All the while, Leroy had been kicking toys all over the room, he

broke the baby's bed and kicked the drum so hard and so much until I had to set limits.

> "Leroy, the drum is for playing and banging with the drum sticks, not for kicking with your feet."

He sulked beside Fern and got a word in,

> "I'm going to call my father at work. Hello daddy Bayridge. You hurt my mommie again. Big dummy. Fool. You fucker."

and then he hung up.

Water play followed with aggressive actions, causing a riff between them and foul name calling began again. Leroy broke out with a loud

> "Kiss my dick."

> "Kiss my ass." (Fern retaliated)

Leroy: "Kiss my nigger."

Fern: "Kiss your wee wee off."

Leroy: "Kiss your dick."

Fern: "Kiss your fucker."

Leroy: "Kiss your ass."

Fern: "Kiss your ass you fucker."

They began water play - Fern threw all the furniture out of one of the dollhouses onto the floor - washed inside and outside of house while Leroy washed a truck. Fern asked him

> "Why don't you put the water on the rug?"

He answered,

"Kiss my ass."

Fern: "I had your keys."

Leroy: "Thank you moma."

Fern: "Fucker and Wee Wee."

Leroy shouts out,

"God dammit

and strolled across the room announcing,

"I'm the father."

As he placed two wrist watches on his one arm, and eye glasses on, using the flash light, he threw all the blocks out of the box -

"I'm going to build me something.
I'm going to build me a house."

(Building with blocks for a minute or so before he quit). He got the drum and beat it as hard as he could - threw drum down and said,

"Get a police badge."

(He pinned it on his chest and grabbed guns to play with). Fern, in the meantime, completed washing the one dollhouse - put the furniture back and slung all the furniture out of the other doll-house - washed it, and whined,

"I don't feel like putting this furni-
ture back."

I told her that she didn't have to because their time was up for today. When the social worker appeared, they left the "Kids' Room" shouting "good-bye."

It is part of the black reality (as well as the caucasian reality) that many parents fuss and cuss and don't care who hears them. With the corroding self-image of this male (daddy) who had lost his job and could not hold any job, bickering, fighting and name calling occur in such families. This may cause psychological problems for the family members.

It is a well known fact that children copy the behavior of the important family members. When parents use foul language, children are inclined to imitate the words they hear. As they play, they imitate one parent and discard parts of his behavior, and then imitate the other. As their play becomes more involved and the children begin to act out more aggressive behavior, it is easy to see that this type of role playing and testing of self is serious business.

Little boys desire to emulate their fathers. It is noted that both Leroy and Fern felt the permissiveness of the first "name calling" situation when I made no immediate response. Leroy's "forbidden" words were spoken hesitatingly at first bur soon with ever increasing boldness when he saw no expression of displeasure, disapproval or approval expressed on my part. Leroy needed the play time to explode and let loose a tirade

of his own as the "daddy," and work through some pent-up feelings developed through problems of mother-father.

It must also be noted that Leroy vented a lot of his anger against his father by direct attack on toys - breaking some of them. Paradoxically, Leroy's desire to be and sound like his father coupled with his hate for his father's treatment of his mother, caused much anxiety that needed to be dealt with. These ambivalent feelings of love and hate for his daddy would have to be a focal point for working through his anxious feelings in future sessions.

I requested the assistance of the social worker who brought the children each week. She worked with the mother and encouraged her (since she was in fear of the husband) to move in with the children's grandmother and to visit a family counseling service for additional help.

One of the drawbacks in this prevention program of art and play therapy is the lack of direct parental involvement. I feel that the problems need to be worked on in the context of the relationship of child and parents. It would be much easier to work with these children when the art therapist knows the child's home situation, the child's daily environment and significant others in the child's life.

Given the opportunity, Leroy and Fern sought solutions to their home situation that had preplexed them, and found the

playroom a suitable outlet for their fear and anger generated by disruptive family experiences. It is important to note that the use of the type of toys with which they played expressed the type of problems they were encountering. The therapist could see from the children's play the problems that they were projecting into their outside world.

To elaborate, Dr. Phyllis Greenacre stated:

> "The anxiety - provoking problems of today in the child's life become then the subjects of the play of tomorrow..Play, being under the child's own direction, can represent fragments and bits of reality according to his needs and wishes. Thus, he can dose himself with larger or smaller bits and need not bring the whole overwhelming situation down on himself at one time even in played-out form. An understanding of all this is at the heart of play techniques of child therapy and the understanding of children's drawings.

The use of art and play therapy in preventive intervention aims at preventing long-range consequences. It should be noted that this writer purposely eliminated a written discussion of the therapeutic benefits of water play - the free access to water - for Fern and Leroy. The attraction that this fascinating, irresistible water had for them (like most children) was undeniable. Hartley stated that...

> "Free access to water will give children an opportunity to satisfy in substitute fashion legitimate needs which our child-rearing practices usually frustrate." (1952)

Leroy's and Fern's apparent urge for free and uninterrupted experimentation and exploration in water (and water paint - not mentioned in these few excerpts) was deemed important. Evaluation of those experiences was not overlooked as I had been sensitive to their implications. Space, however, does not permit free written discussion of so important a topic.

I FEEL THE NEED

I feel the need to inform my readers about Leroy and Fern. I cannot conclude this study without painting a full picture of them. It must be remembered that their uttering the foul language was an expression of part of their problem and was permitted by me, the therapist. From reading the story, one might have gotten the idea that these children's behavior (curse words) would be attributed to the type of children who characteristically use this type of language. Both Leroy and Fern are lovely, loving children who are mannerly and speak well. They are (generally) happy, bouncy active respectful children who mind their teacher because they love their teacher. They are attractive children, always beautifully dressed, and the love that has been showered on them reflect their being.

NEEDS AND CONCERNS

A concern is the aforementioned "color identify" problem facing tots. In the preceeding excerpt, COLOR ME BLACK, I identified the reasons why I felt this to be a problem. It is an issue that needs direction. Now, permit me to inform you of the tactics that I am amassing to combat this problem. Admittedly, some children take skin color in their stride, but for many of them, the concept of self is far apart from the reality of self. This leads Black children to harbor an inner conflict about their color.

To meet my responsibility to do something about this problem, and it is a problem that I have learned about not only from my work with the tots but from interviews with parents and teachers - I have come up with "The Doll Lady". I am the doll lady with dolls from almost all countries (or dress to indicate their countries). During my second trip to East Africa (Kenya) I learned the technique of walking with a big basket on the head.

Now, I visit the nursery schools as "The Doll Lady," walking in with a big basket on my head containing many little dolls. To get over to the youngsters that in this entire world, people

of color are in the majority, I present the concept that more than two-thirds of the people on our planet are people of color. The concept of "two-thirds" is developed from slices of a giant paper "pie." The procedures of showing and talking about the pie - its slices and its whole, and the methods of doll display for children's handling and inspection were worked out through trial and error.

The aim of this venture is to eliminate the usual signs of ambivalence the children show about their skin color to clarify the concept of color and that of race; and to encourage children to feel good about themselves and their skin color.

> "Black is brown, is tan is creamy
> skin color"

It is important for all of us to heed the advice of Phyllis Harrison-Ross, a doctor, a mother, and my Delta (Sigma Theta Sorority) sister, who presented some excellent guidelines on "skin color" in her book, The Black Child - A Parents' Guide. The advice includes:

> When you say "Black is Beautiful, make sure you mean it/Let your actions speak louder than any slogans/Make your child color-conscious/Don't knock other colors - white, yellow, red, olive, etc./Observe what your child thinks of himself/Watch your language/Don't be oversensitive about color yourself." (1973)

Through the help of the "doll lady," it is my hope that urban preschoolers will be directed by the positive imagery that

they may discover to enhance their self image.

There is a need to continue in the direction toward optimizing the adjustment of children of all cultures here in the United States at all social and economic levels.

It is this writer's belief that there are not enough art and play therapy centers in the United States - centers with a focus on primary prevention. In my travels, it has been encouraging to have found that a beginning has been made to establish such centers in various parts of the country. For instance, the National Child Research Center in Washington, D.C., the Merrill-Palmer School in Detroit have such a program; there are two experimental play groups in the public schools of New York City; there is an art and play therapy program in Philadelphia; and this writer has the program in Baltimore.

These are too few. One of the largest areas of unmet needs is the provision of art and play therapy programs that I refer to as "well tot centers," school based for preschool and kindergarten children in public as well as private schools. There is a need for primary prevention programs available for all little children. These programs are aimed to help "well" children manifesting stress and/or problems - to bring into conscious life the buried material of the children's emotional problems before they get buried too deep. Art and play are

important because they allow the children to express feelings and responses which they may have been unable to verbalize. Release of emotions (particularly those of a frightening or upsetting nature) will easily help the children to cope with what they have experienced.

In addition, this type of program needs to be in the educational setting. I am guided by the following quotation by Dr. Lawrence Kubie:

> "...all education should be conducted in an atmosphere in which the universal and recurrent emotional disturbances and repressive tendencies of childhood can be resolved as soon as they arise, and before they become chronic." (1960)

There needs to be a stress on "Mental Healthness" and less stress on "Mental Illness." The application of this therapeutic knowledge to the children's educational program needs to be encouraged in order to guide them through their emotional development. Within this context of the therapeutic environment as part of the educational setting, art and play therapy does make a significant contribution. If problems and conflicts can be worked out in art and play, there are that much less likely to make trouble in real life.

It is impossible to predict the influence on public health, and on individual satisfaction in life, which the anticipated growth of these primary preventive programs may have. But one must remember that preventive efforts of the kind indicated produce their chief results in the long run.

What shall I tell my children who are black
Of what it means to be a captive in this dark skin.
What shall I tell my dear one, fruit of my womb
Of how beautiful they are when everywhere they turn
They are faced with hate of everything that is black.
The night is black and so is the boggyman.
Villian are black with black hearts.
A black cow gives no milk, A black hen lays no eggs.
Bad news comes bordered in black, mourning clothes are black.
Storm clouds, black, black is evil
And evil is black and devils food is black...

What shall I tell my dear ones raised in a white world
A place where white has been made to represent
All that is good and pure and fine and decent,
Where clouds are white and dolls, and heaven
Surely is a white, white place with angels
Robes in white and cotton candy and ice cream
and silk and ruffled Sunday dress -
And dream houses and long sleek Cadillacs
And angel's food is white..all..all...white.

Whan can I say therefore, when my child
Comes home in tears because a playmate
Has called him black, big lipped, flatnosed
And nappy headed? What will he think
When I dry his tears and whisper, "Yes, that's true."
But no less beautiful and dear."
How shall I lift up his head, get him to square
His shoulders, look his adversaries in the eye.
Confident in the knowledge of his worth,
Serene under his sable skin and proud of his own beauty?

What can I do to give him strength
That he may come through life's adversities
As a whole human being unwarped and human in a world
Of biased laws and inhuman practices, that he might
Survive. An survive he must! For who knows?
Perhaps this black child here bears the genius
To discover the cure for...cancer
Or to chart the course for exploration of the universe.
So, he must survive for the good of all humanity.
He must and will survive.

I have drunk deeply of late from the fountain
Of my black culture, sat at the knee and learned
From Mother Africa, discovered the truth of my heritage
The truth, so often obscured and omitted.
And I find I have much to say to my black children.

I will lift up their heads in proud blackness
With the story of their fathers and their fathers
Fathers. And I shall take them into a way back time
of Kings and Queens who ruled the Nile,
And measured the stars and discovered the
Laws of mathmatics. Upon whose backs have been built
The wealth of two continents. I will tell him
And his armor; will make him strong enough to win
Any battle he may face. And since this story is
Often obscured, I must sacrifice to find it
For my children, even as I sacrificed to feed,
Clothe and shelter them. So this I will do for them
If I love them. None will do it for me.
I must find the truth of heritage for myself.
And pass it on to them. In years to come, I believe
Because I have armed them with truth, my children
And their children's children will venerate me.

For it is the truth that will make us free!

Margaret Burroughs
Curator of the Black Museum
Chicago, Illinois

GETTING IT TOGETHER TOWARD THE FUTURE

The trend in education today is toward a public education for "all" children - the gifted and talented, children with language learning disabilities, children with emotional, hearing and visual impairment, the physically handicapped, the moderate, the severe and the profound intellectual limited child, as well as the multiple handicapped. Art therapy is in an enviable position to help all students and its impact is just coming to fore. If this trend is to continue, then I offer the following suggestions that I feel must be instituted in order for art therapy to play a major role in the education of all children.

First, significant in the special training of all the teachers working with the children and youth with special needs should be an introduction to the theory and practice of art therapy. This would enable these teachers to become knowledgeable about the way their students' spontaneous drawings painting and sculpting can aid them in identifying individuals manifesting problems (emotional, behavioral or physical) "in

the here and now." This identification is a key factor in being able to help the youth by referring them to the proper professional in the pupil service team. Art therapists currently work in a few of the special educational programs in the public schools. Thinking ahead, it is not sufficient having art therapists employed as art teacher-therapists only.

Second, art therapy needs to be available to "all" children and youth - in the regular school programs as well as "all" special educational programs. This writer proposes the establishment of school-based art therapists to be added to the team of members under the umbrella of pupil services. The team would then consist of Special Education teachers and resource room teachers, Diagnostic/Prescriptive teachers, Speech/Language clinicians, Hearing and Vision teachers, Guidance Counselors, Psychologists, Pupil Personnel workers, Physical Therapists, Occupational Therapists as well as Art Therapists.

Third, school-based art and play therapy services should be implemented with immediacy in the prevention intervention program with preschool and primary school children: This service would aid the children whose problems are not considered severe enough to warrant "special placement or intensive psychotherapy." In health services, the focus is currently on mental health, not mental illness. With this public school early inter-

vention program, the therapeutic thrust is moving with increasing rapadity in the direction of prevention and short-term treatment. It is my contention that this direction needs to be aimed toward optimizing the admustment of all children in all cultural, social and economic levels in the United States.

Art therapy and especially the American Art Therapy Association can and should take a leadership role in this new thrust in education - to educate "all" individuals. It is toward this end that I offer the following comments on how I feel that AATA can accomplish this.

The writer feels that institutions and organizations arbitrarily create entry requirements that only certain segments of the population can attain - this is not humanistic or equitable. The American Art Therapy Association had the opportunity to make tremendous inroads into the exclusionary status of the field when it began to formalize and articulate standards of requirements for the Registered Art Theapist. Instead, the AATA followed the conventional path of the institutions and organizations, and created entry requirements which can be met by only a certain segment of the population.

The requirement of a masters degree in art therapy and paid experience as criteria to qualify for an ATR immediately excludes most browns, blacks and whites who have traditionally

not had access to the field of art therapy as learners or providers of service. Indeed, the AATA needs to focus attention on the value of experiential learning and develop entry criteria which would consider persons holding bachelors degrees coupled with relevant experience in providing helping services, as being qualified registered art therapists. This would be supported by an additional requirement that these persons further take appropriate art therapy courses and training as designated by the leadership of AATA. I think it is important to note that this would not diminish the "quality" of the art therapist, but it would provide avenues of learning and professional status for minorities who could then work within their own communities.

The organization needs to take a long look at itself...

- Will it share the power of running the organization?
- Will it give more than "lip service" to the help of disadvantaged people of all colors?
- Will it look at culture as it plays a part in all educational methodology?
- Will the American Art Therapy Association truly be a humanistic organization?...

I realize that I am just beginning to make a positive impact upon the relatively new and growing mental health discipline of art therapy, but I must and will continue the role I've chosen for myself, that is, introducing art therapy to the black com-

munity and continue encouraging and helping interested individuals to enter the field of art therapy.

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APPENDICES

ART THERAPY EDUCATION PROGRAMS

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LETTERS by MARGARET NAUMBURG

APPENDIX I

ART THERAPY EDUCATIONAL PROGRAMS

APPENDIX I.

ART THERAPY EDUCATION

Notes: The Education Committee of the American Art Therapy Association has prepared this list for information only. Listing constitutes neither approval on the part of the organization, nor a guarantee that any set of educational standards has been met. An updated list of programs offered by institutions is available in April and October of each year.

Information about financial assistance must be obtained from the individual institutions listed.

U.S. INSTITUTIONS

GRADUATE PROGRAMS

THE ART PSYCHOTHERAPY INSTITUTE OF CLEVELAND (formerly the Cleveland Institute of Art Psychotherapy), 2800 Mayfield Road, #202, Cleveland Heights, OH 44118. (Contact: Pamela Diamond, ATR, Director)
One-Year Program in Art Psychotherapy. Certificate.

CALIFORNIA STATE UNIVERSITY, SACRAMENTO, 6000 J Street, Sacramento, CA 95819. (Contact: Prof. Donald M. Uhlin, Ed.D., ATR, Department of Art)
Master of Arts in Art with Emphasis in Art Therapy.

CREATIVE ARTS THERAPIES ASSOCIATION TRAINING INSTITUTE, 54 West Ninth Street, New York, NY 10011. (Contact: Steve Ross, ATR)
Two-Year Program. Certificate of Completion.

EASTERN VIRGINIA MEDICAL SCHOOL, Norfolk, VA 23507. (Contact: Ronald E. Hays, ATR, Director of Adjunctive Therapies, Norfolk Community Mental Health Center, 721 Fairfax Avenue, Norfolk, VA 23507)
Certificate of Completion.

EMPORIA KANSAS STATE COLLEGE, 1200 Commercial Street, Emporia, KS 66801. (Contact: Dal H. Cass, Chairman, Psychology Department)
Master of Science in Art Therapy.

The GEORGE WASHINGTON UNIVERSITY, Graduate School of Arts and Sciences, Bacon Hall #201, Washington, DC 20052. (Contact: Dean of the Graduate School of Arts and Sciences)
Master of Arts in Art Therapy.

GODDARD COLLEGE, Plainfield, VT 05667. (Contact: Graduate Program Admissions Office, Attention Gladys L. Agell, ATR)
15 Month Program, 2 Summers On Campus, 9 Months in the Field.
Master of Arts Degree in Art Therapy

GODDARD COLLEGE, Plainfield, VT 05667. (Contact: Graduate Program Admissions Office)
Master of Arts Degree through Individualized Studies in Art Therapy (and other fields), pursued at any approved location.

HAHNEMANN MEDICAL COLLEGE, Department of Mental Health Sciences, New College Building, 230 North Broad Street, Philadelphia, PA 19102. (Contact: Mrs. Myra Levick, Director, Adjunctive Therapies Education)
Master of Creative Arts in Therapy (MCAT) with specializations in Art Therapy, Movement Therapy, and Music Therapy.

IMMACULATE HEART COLLEGE, 2021 N. Western Avenue, Los Angeles, CA 90027. (Contact: Office of the Graduate School)
Master of Arts in Art Therapy.

LESLEY COLLEGE, Institute for the Arts and Human Development, Cambridge, MA 02139. (Contact: Shaun A. McNiff, Graduate School of Education)
Master of Education in Art Therapy and Other Creative Therapies.

LINDENWOOD 4, THE LINDENWOOD COLLEGES St. Charles, MO, St. Louis, MO, Washington, D.C., Santa Monica, CA. (Contact: D. Cohen, M.F.A., F. Eisendrath, M.A., or P. Glick, M.A., ATR, Lindenwood 4, 4635 Maryland Ave. St. Louis, MO 63108)
Master of Arts in Art Therapy through Individualized Study Programs at any of the above locations.

LONE MOUNTAIN COLLEGE, 2800 Turk Boulevard, San Francisco, CA 94118. (Contact: Joanne G. Harris, Ph.D., Director, Creative Arts Therapy Program)
Master of Arts in Creative Arts Therapy with Emphasis in Art, Music or Dance.

UNIVERSITY OF LOUISVILLE, Institute of the Expressive Therapies, Louisville, KY 40202. (Contact: Sandra L. Kagin, ATR, Director)
Master of Arts in Art Therapy, Dance Therapy, and Drama Therapy.

MASSACHUSETTS COLLEGE OF ART, 364 Brookline Avenue, Boston, MA 02215. (Contact: Dr. Dorothy Simpson, Director, Graduate and Continuing Education)
Master of Science in Art Education with a Specialization in Art Therapy.

MONTCLAIR STATE COLLEGE, Upper Montclair, NJ 07043. (Contact: Professor Susan E. Gonick-Barris, ATR, Director, Graduate Studies in Art Therapy, Fine Arts Department)
Masters Degree in Art Education with a Concentration in Art Therapy.

COLLEGE OF NEW ROCHELLE, New Rochelle, NY 10801. (Contact: Chairman, Graduate Program in Art Education)
Master of Arts in Art Education with an Option in Therapeutic Techniques in Art Education.

NEW YORK UNIVERSITY, 80 Washington Square East, New York, NY 10003. (Contact: Laurie Wilson, ATR, Coordinator Art Therapy Program, Department of Art Education)
Master of Arts Degree.

PRATT INSTITUTE, 125 Higgins Hall, Brooklyn, NY 11205. (Contact: Josef E. Garai, Ph.D., ATR, Director of Art Therapy)
Master of Professional Studies in Art Therapy and Creativity Development.

TEMPLE UNIVERSITY, Department of Recreation and Leisure Studies, College of HPERD, Philadelphia, PA 19140. (Contact: Bonnie Klein, Temple University Hospital, Psychiatric In-Patient Unit, 2 Main South, Broad and Ontario Streets, Philadelphia, PA 19140)
Master's Degree in Therapeutic Activities - Art Therapy.

WRIGHT STATE UNIVERSITY, Dayton, OH 45431. (Dr. Gary Barlow, ATR, Professor and Coordinator, Art Education, 326 Creative Arts Building)
Master's Degree in Art Education with a Concentration in Art Therapy.

CLINICAL TRAINING PROGRAMS

BETHESDA HOSPITAL, 2951 Maple Avenue, Zanesville, OH 43701. (Contact: Bernard O. Stone, ATR, MFA, Director, Art Psychotherapy Department)
Eight-Week Graduate Interims. Spring, Summer, Fall, and Winter.

ESSEX COUNTY HOSPITAL CENTER, Department of Music and Creative Art Therapies, Box 500, Cedar Grove, NJ 07009. (Contact: Sandra C. Golden, RMT, Director, Music and Creative Art Therapies)
Six-Month Affiliation. Certificate.

HIGHLAND VIEW HOSPITAL - ART STUDIO, 3901 Ireland Drive, Cleveland, OH 44122. (Contact: Ms. Mickie McGraw, Director)
Clinical experience at undergraduate and graduate levels through accredited colleges.

UNIVERSITY OF MARYLAND, College Park, MD 20742. (Contact: Professor Harold McWhinnie, Crafts Department, College of Human Ecology)
Field Work, Internships in Conjunction with Art Education and Crafts Courses.

MILWAUKEE PSYCHIATRIC HOSPITAL, 1220 Dewey Avenue, Wauwatosa, WI 53213. (Contact: Bill Smith, Director, Education, Vocation, and Recreation)
Six-Month Internship. Certificate.

NORTHWESTERN INSTITUTE OF PSYCHIATRY. Lafayette Avenue and Bethlehem Pike, Fort Washington, PA 19034. (Contact: Lea Camero, Art Therapist, Department of Adjunctive Therapy)
Six-Month Practicum.

SAINT ELIZABETHS HOSPITAL, Washington, D.C. 20032. (Contact: Anne K. Bushart, Chief, Recreational Therapy Section)
Clinical experience at undergraduate and graduate levels through accredited colleges.

SPECIAL PROGRAMS

GESTALT INSTITUTE OF CHICAGO, 609 Davis Street, Evanston, IL 60201. (Contact: Charlotte Rosner, Chairperson, Post-Graduate Training Faculty)

HOME FOR CRIPPLED CHILDREN: REGIONAL COMPREHENSIVE REHABILITATION CENTER FOR CHILDREN AND YOUTH, 1426 Denniston Avenue, Pittsburgh, PA 15217. (Contact: Roberta Davis, ATR, 1322 Squirrel Hill Avenue, Pittsburgh, PA 15217)

UNDERGRADUATE PROGRAMS

ALBERTUS MAGNUS COLLEGE, New Haven, CT 06511. (Contact: Chairman, Art Department or Chairman, Psychology Department)
Major in Art or Psychology with an Emphasis in Art Therapy.

UNIVERSITY OF BRIDGEPORT. See Junior College of Connecticut.

CAPITAL UNIVERSITY, 2199 E. Main Street, Columbus, OH 43209. (Contact: Professor Richard Phipps, Chairman, Art Department)
Major in Art with an Emphasis in Psychology and Internship in Art Therapy.

DEAN JUNIOR COLLEGE, Franklin, MA 02038. (Contact: Director of Admissions)
Associate in Science, with a Major in Art Therapy.

UNIVERSITY OF EVANSVILLE, P.O. Box 329, Evansville, IN 44702. (Contact: Mr. Leslie Miley, Jr., Chairman, Department of Art)
Bachelor of Science in Art and Associated Studies with a Major in Art Therapy.

JUNIOR COLLEGE OF CONNECTICUT, University of Connecticut, Bridgeport, CT 06602. (Contact: Susan Mann, Mental Health Program)
Associate in Arts Degree in Mental Health with a Specialty in Art Therapy.

KANSAS STATE COLLEGE OF PITTSBURG, Pittsburg, KS 66762. (Contact: Chairman, Department of Art)
Bachelor of Science Degree in Education with a Major in Art Therapy.

MOUNT ALOYSIUS JUNIOR COLLEGE, Cresson, PA 16630. (Contact: Asst. Prof. Vivian Wilkinson, M.Ed., Art Therapy Coordinator)
Associate Degree Program in Art Therapy.

MOUNT MARY COLLEGE, Milwaukee, WI 53222. (Contact: Sr. M. Regine Collins, Chairperson, Art Department)
Undergraduate Program in Art Therapy.

NEW YORK UNIVERSITY, 80 Washington Square East, New York, NY 10003. (Contact: Barbara Polny, Advisor, Department of Art Education)
Undergraduate Program in Art Education with a Concentration in Art Therapy.

PHILADELPHIA COLLEGE OF ART, Broad and Pine Streets, Philadelphia, PA 19102 (Contact: Dolores Francine, Art Therapy Advisor, Liberal Arts Department)
Major in Any Department with Concentration in Art Therapy.

TRENTON STATE COLLEGE, Trenton, NJ 08625. (Contact: Prof. Mark Wilensky, Director of Art Therapy)
Undergraduate Program in Art Therapy.

WILLIAM WOODS COLLEGE, Fulton, MO 65251. (Contact: George E. Tutt, Chairman, Department of Art)
(1) Special Education/Art Therapy, leading to State Certification in Special Education.
(2) Major in Art with a Concentration in Art Therapy.

INSTITUTIONS OFFERING COURSES
IN ART THERAPY OR CLOSELY RELATED SUBJECTS

ANTIOCH COLLEGE, Homestead-Montebello Center, 500 N. Caroline Street, Baltimore, MD 21205. (Contact: Prof. Lucille D. Venture)

THE SCHOOL OF THE ART INSTITUTE OF CHICAGO, Michigan Avenue at Adams Street, Chicago, IL 60603. (Contact: Ephraim Weinberg, Chairman, Department of Teacher Education)

BOSTON UNIVERSITY, Metropolitan College, 755 Commonwealth Avenue, Boston, MA 02215. (Contact: Prof. Xenia Lucas)

CALIFORNIA STATE UNIVERSITY, SAN FRANCISCO, 1600 Holloway Avenue, San Francisco, CA 94132. (Contact: Virginia Goldstein, Office of Creative Arts Interdisciplinary)

UNIVERSITY OF CALIFORNIA EXTENSION, SANTA CRUZ, CA 95064. (Contact: Darla Chadima)

COLUMBUS COLLEGE OF ARTS AND DESIGN, 47 North Washington Avenue, Columbus, OH 43215. (Contact: Office of Admissions)

COPPIN STATE COLLEGE, Division of Graduate Studies, 2500 W. North Avenue, Baltimore, MD 21216. (Contact: Prof. Lucille D. Venture)

CREATIVE GROWTH WORKSHOPS, 510 LaGuardia Place, New York, NY 10012. (Contact: Elaine Rapp, ATR, Director)

FOUNDATION FOR ADVANCED EDUCATION IN THE SCIENCES, INC., National Institutes of Health, Bethesda, MD 20014. (Contact: Registrar, NIH, Building 10, Room B1-L-101, Bethesda, MD 20014)

GODDARD COLLEGE, Plainfield, VT 05667. (Contact: Graduate Program Admissions Office, Attention Gladys L. Agell, ATR)

GRAIL, CREATIVE GROWTH THROUGH THE ARTS, P.O. Box 7581, Carmel, CA 93921: Grace Forrest, MPS, ATR)

HAWAII LOA COLLEGE, P.O. Box 764, Kaneohe, HI 96744. (Contact: Admissions Office)

HOFSTRA UNIVERSITY, Hempstead, NY 11550. (Contact: Rowena M. Smith, School of Education)

HUNTER COLLEGE, 695 Park Avenue, New York, NY 10021. (Contact: Prof. Elaine Rapp, 510 LaGuardia Place, New York, NY 10012)

INSTITUTE FOR SOCIOTHERAPY, 39 East 20 Street, New York, NY 10003. (Contact: Jean B. Peterson, ACSW, ATR, Division of Community Education)

LINDENWOOD 4, THE LINDENWOOD COLLEGES, St. Charles, MO 63301, St. Louis, MO 63108, Washington, D.C. 20013, Santa Monica, CA 90406. (Contact: Dottie Cohen, MFA, Coordinator of Art Therapy)

UNIVERSITY OF MARYLAND SCHOOL OF SOCIAL WORK AND COMMUNITY PLANNING, 525 West Redwood Street, Baltimore, MD 21201. (Contact: Dr. Aina O. Nucho)

UNIVERSITY OF MASSACHUSETTS, Amherst, MA 01002. (Contact: Continuing Education, Arts Extension Service; or Arts and Humanities Program, School of Education)

MONTEREY PENINSULA COLLEGE, 980 Fremont Street, Monterey, CA 93940. (Contact: Mr. Heinz Hubler, Community Services; or Dr. James Nvette, Psychology Department)

NEW ENGLAND INSTITUTE OF CREATIVE ARTS, 55 Moraine Street, Jamaica Plain, MA 02130. (Contact: Xenia Lucas, Director)

UNIVERSITY OF NEW MEXICO, Albuquerque, NM 87131. (Contact: Howard McConeghey, Chairman, Department of Art Education, College of Education)

NEW ORLEANS CONSORTIUM, Loyola University, 6363 St. Charles Avenue, New Orleans, LA 70118. (Contact: Bob Fleshman, Coordinator, Multiple Arts Therapy Program)

NEW SCHOOL FOR SOCIAL RESEARCH, 66 W. 12th Street, New York, NY 10011. (Contact: Susan Gonick-Barris, ATR, Psychology Department)

NEW YORK ART THERAPY INSTITUTE, 54 West 9th Street, New York, NY 10011. (Contact: Stephen Ross, Director)

NEW YORK INSTITUTE FOR GESTALT THERAPY, 7 West 12th Street, New York, NY 10025. (Contact: Elaine Rapp, ATR, Instructor)

NEW YORK UNIVERSITY, 80 Washington Square East, New York, NY 10003. (Contact: Lanie Wilson, ATR, Department of Art Education)

UNIVERSITY OF NORTHERN COLORADO, Greeley, CO 80631. Chairperson, Department of Fine Arts)

OKLAHOMA UNIVERSITY, Off-Campus Classes, 1700 Asp Avenue, Norman, OK 73069. (Contact: Asst. Prof. Margaret C. Howard, ATR; or Dr. Milton Jarrett)

UNIVERSITY OF PITTSBURGH, Pittsburgh, PA 15261. (Contact: Dr. Rivka Sandler, Division of Interdisciplinary Programs, School of Health-Related Professions)

PITTSBURGH CHILD GUIDANCE CENTER, 201 DeSoto Street, Pittsburgh, PA 15213. (Contact: Gloria Miner, Division of Community Services)

SAN DIEGO STATE UNIVERSITY, San Diego, CA 92182. (Contact: Paul A. Lingren, Chairman, Department of Art)

SAN JOSE STATE UNIVERSITY, Office of Continuing Education, San Jose, CA 95192. (Contact: Robert Duman, Associate Director, Extension Services)

SIMMONS COLLEGE, Boston, MA 02215. (Contact: Dr. John Robinson, Department of Education)

SOUTHEASTERN MASSACHUSETTS UNIVERSITY, North Dartmouth, MA 02747. (Contact: Continuing Education Division)

TEACHERS COLLEGE, Columbia University, 525 W. 120th Street, New York, NY 10027. (Contact: Carol Beighley, 31 Park Avenue, White Plains, NY 10603)

TORONTO ART THERAPY INSTITUTE, 216 St. Clair Avenue, West, Toronto, Ontario, Canada. (Contact: Martin A. Fischer, M.D. D. Psych., Executive Director)

TOWSON STATE COLLEGE, Baltimore, MD 21204. (Contact: Chairman, Art Department)

TURTLE BAY MUSIC SCHOOL, 244 E. 52nd Street, New York, NY 10022. (Contact: Jean Mass, Chairman, Arts-in-Therapy Program)

UNIVERSITY OF VERMONT, Burlington, VT 05401. (Contact: Denis Versweyveld, Department of Art, Art Education Program, Attention: Art Therapy)

WEST TEXAS STATE UNIVERSITY, Department of Fine Arts and Arts Education, Canyon, TX 79016. (Contact: Dr. Emilio Caballero, Chairman, Graduate Courses in Art Therapy)

WRIGHT STATE UNIVERSITY, Dayton, OH 45431. (Contact: Dr. Gary Barlow, ATR, Professor and Coordinator, Art Education, 326 Creative Arts Building)

DOCTORAL PROGRAMS

UNION GRADUATE SCHOOL - Union for Experimenting Colleges and Universities, home base 106 Woodrow (Antioch College Campus) Yellow Springs, Ohio

INTERNATIONAL GRADUATE SCHOOL OF BEHAVIORAL SCIENCE (affiliated - International Graduate University) Lugano, Switzerland
Doctorate in Behavioral Science with specialization in Creative Arts in Therapy (art,dance/movement, and music therapy).

Compiled by the Education Committee, American Art Therapy Association

Gladys Agell (Chairperson)
Pamela Diamond
Elinor Ulman
Lucille Venture

APPENDIX II

MINI ART THERAPY BIBLIOGRAPHY

APPENDIX I:

BIBLIOGRAPHY

The literature on art therapy has grown within the last few years.

MINI-ART THERAPY BOOKS

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Rhyme, Janie. The Gestalt Art Experience. Belmont, Calif.: Wadsworth Publishing Company, 1973.

Ulman, Elinor and Dachinger, Penny (Ed.). Art Therapy in Theory and Practice. New York: Schocken Books, 1975.

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XXXXXXXXXXXXXXXXXXXXX

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Milner, Marion. The Hands of the Living God. New York: International Universities Press, Inc., 1969.

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Freud, Anna. The Psychoanalytical Treatment of Children. New York: Schocken Books, 1964.

Ginott, Haim G. Group Psychotherapy with Children - The Theory and Practice of Play Therapy. New York: McGraw Hill Book Co., 1961.

Gondor, Emery I. Art and Play Therapy. New York: Doubleday and Co., Inc. 1954.

Moustakas, Clark. Children in Play Therapy. New York: Ballantine Books, 1953.

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APPENDIX III

FORMS for RECORD KEEPING in CRISIS ART THERAPY
and ART and PLAY THERAPY.....

Layout of TOYS in the "KIDS' ROOM"

C A T
(Crisis Art Therapy -
Crisis Intervention)

Student's Name.....Level.....T.....

Date.....Period.....Time.....

Referred by.....

Reason(s) for referral:

Conflict(s) as student sees it/them

DIAGNOSTIC IMPRESSIONS

Attitude of student toward working in art

Medium selected:
Comments made by student

Behavior of student during art session:

Termination of session.....by therapist.....or by student.....
Comments

Recommendations for student

L. Venture

ART AND PLAY THERAPY GROUP
IN
KIDS' ROOM

MULTI-SERVICE CENTER, INC.

CENTER OR SCHOOL _____ DATE _____

DIRECTOR OR TEACHER _____ CLASS _____

CHILD'S NAME _____ AGE _____ YEAR MO. _____

CHILD'S ADDRESS _____

CHILD'S MANIFESTED DIFFICULTY (IES)

_____

Therapist's signature

APPOINTMENTS _____ NOV. DEC. JAN. _____ MON. WED. FRI. _____ TO HOUR

REFERRAL SLIP

ART AND PLAY THERAPY GROUP
IN
KIDS' ROOM

MULTI-SERVICE CENTER, INC.

CENTER OR SCHOOL _____ DATE _____

DIRECTOR OR TEACHER _____ CLASS _____

CHILD'S NAME _____ AGE _____ YEAR MO. _____

CHILD'S ADDRESS _____

CHILD'S MANIFESTED DIFFICULTY (IES)

_____

Therapist's signature

APPOINTMENTS _____ NOV. DEC. JAN. _____ MON. WED. FRI. _____ TO HOUR

******** ART AND PLAY THERAPIST ------LUCILLE D. VENTURE **********

Homeroad of Montebello

Center of Antioch College

REGISTER

ART and PLAY THERAPY

Site: KIDS" Room Multi-SERVICE CENTER

Address Balto., Md.

Art Therapist

Date: Month year

SERVICES FOR CHILDREN with SPECIAL NEEDS

DATE	NAME of CHILD	AGE yr.mo.	CENTER	DAY hour	MANIFESTED DIFFECULTIES	TERMINATION Date -Reason

SERVICES FOR CHILDREN with SPECIAL NEEDS

DATE	NAME of CHILD	AGE yr.mo.	CENTER	DAY hour	MANIFESTED DIFFICULTIES	TERMINATION Date -Reason

Place: KIDS' ROOM

SCHEDULE

Multi-Center

ART and PLAY SESSIONS

me	MONDAY	Center	WEDNESDAY	Cen	Th

KEY: Centers

nter

SCHEDULE

ART and PLAY SESSIONS

Therapist, Lucille Ventura ATR

Date:

Children:

Center	WEDNESDAY	Cen	FRIDAY	con

LAYOUT OF TOYS IN "KIDS' ROOM"

Since I have control over the evnironment in the Kid's Room, I have focused my attention upon this room as it facilitates imaginative (imitative) play, symbolic play and play. I designed this environment especially for an art and play therapy program though modeled after the play therapy set up. The room is divided into five play areas. On entering, the children are near the doll house area - one large eight room house setting on the floor and a smaller six room house placed on a bench. Both are completely furnished including four interchangeable black and white families and a little barn and school house complete the area. In the adjacent corner there is a double painting easel and behind it looms Bo Bo the punch-back-clown. Low open cupboards and shelves line two sides of the room and along the floor in front of them are trucks, cars, tractors for riding, and pull toys. Across the room from the easel is the drawing and clay table with supplies (pencils, crayons, magic markers, etc.) ready for use. Beside this table there is a three-step ladder for jumping. At the far end of the room is the housekeeping corner where the big box of dolls of all colors and sizes sets. There is a table with three straight chairs and one rocking chair. A real telephone (unconnected) is placed on each little table and a play phone on a shelf. The shelves also house a big box of blocks, instruments, guns, holsters, rubber daggers, and knives, fuzzy furrie animals, etc. As many "grown-up" materials as possible are included - a flash light, a typewriter, several pairs of eyeglass frames, several (non-running) wrist watches, purses and gloves, plus hats - real and pretend. In the opened cupboards, near the

housekeeping area, houses four nursing bottles, dishes, pots and pans, etc. Under this cupboard is the doll bed, doll's tub with squeeze bottles of water and doll's pottie chair, etc. The area, midway the long wall of cupboards, has a small sand box and miniture soldiers - not far from it is a small garage-gas-station. The remainder of the area - the center of the room - is the most important, the space in which to use these toys and materials. The physical limitations of the room - no toilet, no sink, no drinking fountain and no windows - are circumvented. In this prevention intervention program, "well" children (with stressful problems) generally approach the toys in an exploratory, spontaneous spirit.

APPENDIX IV

AMERICAN ART THERAPY ASSOCIATION
(AATA) INFORMATION

FACTS AND ADDITIONAL INFORMATION ON THE AMERICAN ART THERAPY ASSOCIATION WITH A FOCUS UPON THE EXTENSIVE, DYNAMIC CHANGES DEVELOPING

ANNUAL CONFERENCES

1970 TO 1976

1970 1ST CONFERENCE OF THE AMERICAN ART THERAPY ASSOCIATION

Sept. 24-26 Airlie Conference Center
Warrenton, Virginia

Theme: "Techniques of Clinical Practice"

Host: Executive Board

AATA EXECUTIVE BOARD - 1969 TO 1971

President -Mrs. Myra Levick
Hahnemann Medical College & Community Mental Health Center
Philadelphia, Pa.

President-Elect -Robert Ault, Topeka, Kansas

Secretary -Mrs. Felice Cohen, Houston, Texas

Treasurer -Ms. Margaret Howard, Tulsa, Oklahoma

Committee Chairpersons:

Membership -Bernard Stone, Ohio

Publications -Don Jones, Worthington, Ohio

1971 2ND ANNUAL AATA CONFERENCE

Sept. 16-18 Pfister Hotel
Milwaukee, Wisconsin

Host: Wisconsin Art Therapy Association (WATA)

Chairperson Wayne Raminez

Co-Chairperson George Horaitis

Program Chairperson Don Jones (AATA Board)

AATA EXECUTIVE BOARD - 1971 TO 1973 (Installed at end of conference)*

President -Robert Ault
Menninger Memorial Hospital
Topeka, Kansas

President-Elect -Mrs. Felice Cohen, Houston, Texas

Secretary -Brother Arthur, Milwaukee, Wisconsin

Treasurer -Ms. Margaret Howard, Tulsa, Oklahoma

Committee Chairpersons:

Constitution -Ms. Elsie Muller, Leawood, Kansas

Education -Ms. Elinor Ulman, Washington, D.C.

Finance -Ms. Helen Landgarten, Los Angeles, California

Membership -Ms. Mickie Rosen, Huntingdon Valley, Pennsylvania

Publication -George Horatis, Milwaukee, Wisconsin

Public Information-Bernard Levy, Ph.D. - Washington, D.C.

Research -Mrs. Hanna Kwiatkowska, Bethesda, Maryland

Standards -Ms. Sandra Kagin, Louisville, Kentucky

* Election is held at the Annual Meeting during alternate years.

1972 3RD ANNUAL AATA CONFERENCE

Oct. 27-29 The Holiday Inn
Philadelphia, Pennsylvania

HOST: Delaware Valley Art Therapy Association (DVATA)

Program Chairperson -Mrs. Mickie Rosen (AATA Board)

AATA EXECUTIVE BOARD - 1971 TO 1973

President	-Robert Ault Minninger Memorial Hospital Topeka, Kansas
President-Elect	-Mrs. Felice Cohen, Houston, Texas
Secretary	-Brother Arthur, Milwaukee, Wisconsin
Treasurer	-Ms. Margaret Howard, Tulsa, Oklahoma

Committee Chairpersons:

Constitution	-Ms. Elsie Muller, Leawood, Kansas
Education	-Ms. Elinor Ulman, Washington, D.C.
Finance	-Ms. Helen Landgarten, Los Angeles, California
Membership	-Ms. Mickie Rosen, Huntingdon Vallen, Pennsylvania
Publication	-George Horatis, Milwaukee, Wisconsin
Public Infomation	-Bernard Levy, Ph.D., Washington, D.C.
Research	-Mrs. Hanna Kwiatkowska, Bethesda, Maryland
Standards	-Ms. Sandra Kagin, Louisville, Kentucky

1973 4TH ANNUAL AATA CONFERENCE

Nov. 1-4 Sheraton North Motor Inn
Columbus, Ohio

THEME: "Application and Innovation"

HOST: Buckeye Art Therapy Association (BATA)

AATA EXECUTIVE BOARD - 1973 TO 1975 (installed at end of conference)

President	-Mrs. Felice Cohen Texas Research Institute of Mental Sciences Houston, Texas
President-Elect	-Donald Jones, Worthington, Ohio
Recording Secretary	-Mrs. Mary Lee Hodnett, Ph.D
Corresponding Sec'y	-Ms. Kathleen E. Martinez
Treasurer	-Ms. Christine Wang
Parliamentarian	-Ms. Elsie Muller

Committee Chairpersons:

Constitution	-Ms. Judith Rubin
Education	-Ms. Elinor Ulman
Finance	-Ms. Helen Landgarten
Membership	-Ms. Mickie Rosen
Public Information	-Mrs. Myra Levick
Publications	-Ms. Mildred Lachman
Professional Standards	-Ms. Sandra Kagin
Research	- Dr. Bernard Levy

1974 5TH ANNUAL AATA CONFERENCE

Oct. 24-27 The Biltmore Hotel
New York City, New York

THEME: "The Arts and Human Growth"

HOST: New York Art Therapy Association (NYATA)

Co-Chairpersons: -Ms. Rose Gatlock and Sau Lisklinsky

Program Co-Chairpersons: -Ms. Myra Levick and Ms. Mickie Rosen (AATA Board)

AATA EXECUTIVE BOARD - 1973 TO 1975

President -Mrs. Felice Cohen
Texas Research Institute of Mental Sciences
Houston, Texas

President-Elect -Donald Jones, Worthington, Ohio

Recording Secretary -Mrs. Mary Lee Hodnett, Ph.D

Corresponding Sec'y -Ms. Kathleen E. Martinez

Treasurer -Ms. Christine Wang

Parliamentarian -Ms. Elsie Muller

Committee Chairpersons:

Constitution -Ms. Judith Rubin

Education -Ms. Elinor Ulman

Finance -Ms. Helen Landgarten

Membership -Ms. Mickie Rosen

Public Information -Mrs. Myra Levick

Publications -Ms. Mildred Lachman

Professional Standards -Ms. Sandra Kagin

Research - Dr. Bernard Levy

1975	6TH ANNUAL AATA CONFERENCE
Nov. 12-16	Galt House Louisville, Kentucky
THEME:	"Concepts and Intuition: Friends or Foes?"
Co-Chairpersons:	-Sandra Kagin, ATR, and Vija Lusebrink

AATA EXECUTIVE BOARD - 1975 TO 1977 (installed at end of conference)

President	Donald Jones, Director of Adjunctive Therapy Harding Hospital, Incorporated Worthington, Ohio
President-Elect	-Ms. Judith Rubin, Pittsburgh, Pennsylvania
Recording Secretary	-Ms. Elinor Ulman, Washington, D.C.
Corresponding Secretary	-Ms. Kay Martinez, Parsons, Kansas
Treasurer	-Mrs. Gwen Gibson, Baltimore, Maryland

Committee Persons:

Constitution	-Ms. Rosalind Sildegs, Akron, Ohio
Finance	-Mrs. Hanna Kwiatkowska, Bethesda, Maryland
Membership	-Ms. Shellie David, New York, New York
Publications	-Mrs. Mildred Lachman-Chapin, Washington, D.C.
Education	-Ms. Gladys Agell, W. Topsham, Vt.
Public Information	-Ms. Mickie Rosen, Huntingdon Valley, Pennsylvania
Research	-Bernard Levy, Ph.D., Washington, D.C.
Professional Standards	-Robert Ault, Topeka, Kansas
Student Affairs	-Mrs. Carol Steirer Carrino, Philadelphia, Pa.

1976	7th ANNUAL CONFERENCE OF AATA
Oct. 28-31	Hilton Hotel - Downtown Baltimore, Maryland
THEME:	"The Creative Experience in Art Therapy"
HOST:	Maryland Art Therapy Association (MATA)
Chairperson	-Mrs. Michelle Flesher, ATR
Co-Chairpersons	-Ms. Lucille D. Venture, ATR -Ms. Gwen Gibson, ATR
Program Co-Chairpersons	-Mrs. Gwen Gibson, ATR (Board Member) -Mrs. Aina Nucho, Ph.D., ATR

AATA EXECUTIVE BOARD - 1975 TO 1977

President	-Donald Jones, ATR - Director of Art Therapy Harding Hospital, Inc. Worthington, Ohio
President-Elect	-Ms. Judith Rubin, ATR, Art Therapist Child Guidance Center Pittsburgh, Pennsylvania
Recording Secretary	-Ms. Elinor Ulman, ATR Editor of American Journal of Art Therapy and Assist. Professor of Art Therapy, D. C.
Corresponding Secretary	-Ms. Kay Martinez, ATR, Parsons, Kansas
Treasurer	-Mrs. Gwen Gibson, ATR, Art Therapist Baltimore City Psychiatric Day Center Baltimore, Maryland

Committee Chairpersons:

Constitution	-Ms. Rosalind Sildegs, ATR, Akron, Ohio
Finance	-Mrs. Hanna Kwiatkowska, ATR, Assist. Professor - Art Therapy George Washington University, D.C.
Membership	-Ms. Shellie David, ATR, New York, New York
Publications	-Mrs. Mildred Lachman-Chapin, ATR Editor Newsletter Washington, D.C.

Education	-Ms. Gladys Agell, Director Art Therapy Program Goddard College Plainfield, Vt.
Public Information	-Ms. Mickie Rosen, ATR Professor Art Therapy Hannemann Medical College Philadelphia, Pennsylvania
Research	-Bernard Levy, Ph.D., ATR, Director, Art Therapy George Washington University, D.C.
Professional Standards	-Robert Ault, ATR Director of Art Therapy Menninger Memorial Hospital Topeka, Kansas
Student Affairs	-Mrs. Carol Steirer Carrino, ATR Director, Art Therapy Hannemann Medical College Philadelphia, Pennsylvania

FOCUS: Keynote Speakers

Loretta Bender, M.D. "The Creative Process in Psychopathological Art"

Mihaly Csikszentmihalyi, Ph.D. "The Release Symbolic Energy"

Robert W. Gibson, M.D. "The Impact of National Policy on the Health Professions"

Russell R. Manoe, M.D. "Genius Versus Madness in Artistic Creativity"

14 LIFE MEMBERS

Carol Steirer Carrino, ATR
Miryam Dergalis, ATR
Brenda Lee Ford, ATR
Judith Levine Gerberg, ATR
Don Jones, ATR
Kathleen Martinex, ATR
Aina Nucho, Ph.D., ATR
Ben J. Ploger
Vanna Rehmyer
Mickie Rosen
Edythe Salzberger
Rosalind Sildegs
Marcia Taylor
Christine Wang

HONORARY LIFE MEMBERS

The Honorary Life Membership is conferred upon an individual in recognition of distinguished service in the field of art therapy. Most fittingly the first honorary life membership was bestowed on the mother of art therapy. There has been a tremendous amount of time effort and loving care put into making AATA a responsible and respected organization and the six honorary life members have played an extensive roll from its inception.

1970 - Ms. Margaret Naumburg, ATR - New York City, New York

1971 - Ms. Edith Kramer — New York City, New York

1972 - Ms. Elinor Ulman, ATR - Washington, D.C.

1973 - Ms. Hanna Y. Kwiatowska, ATR - Bethesda, Maryland

1974 - Ms. Myra Levick, ATR - Philadelphia, Pennsylvania

1975 - Ms. Helen Landgarten, ATR - Los Angeles, California

AD HOC COMMITTEES

The function of Ad Hoc Committees is to explore issues and make recommendations to the Executive Board. Following are committees and chairpersons:

1973/75 PRESIDENT, Mrs. Felice Cohen, ATR

1. Ad Hoc Committee to continue the work in investigating and making recommendations with reference to the relationship between the national and local organizations.
   Chairman: Gwen Gibson

2. Ad Hoc Committee to make comprehensive state surveys of job classifications.
   Chairman: Carol Steirer

3. Ad Hoc Committee for job market survey.
   Chairman: Bernice Wallent

4. Ad Hoc Committee for Civil Service rating survey.
   Chairman: Nancy Young

5. Ad Hoc Committee for insurance survey on third party payment liability.
   Chairman: Suzanne Silverstein

6. Ad Hoc Committee as liaison between AATA and other national creative therapy associations such as music, dance, O.T., etc.
   Chairman: Bob Ault

7. Ad Hoc Committee to investigate private and public foundations for funding art therapy programs and/or art therapy research projects.
   Chairman: Harriet Wadeson

8. Ad Hoc Committee for student participation, affairs, and activities.
   Chairman: Robert Wolf

9. Ad Hoc Committee for special projects.
   Chairman: Hanna Kwiatowska; Bob Ault; Bernard Levy, Ph.D.

10. Ad Hoc Committee to investigate and encourage minority groups to study and practice art therapy.
    Chairman: Lucille Venture

1. Ad Hoc Committee for lobbying and civil service classification.
   Chairman: Linda Gantt

2. Ad Hoc Committee to encourage minority persons to enter the field of art therapy.
   Chairman: Lem Joiner

3. Ad Hoc Committee for job task force.
   Chairman: Myra Levick

4. Ad Hoc Committee for relationship with art education.
   Chairman: Dr. Gary Barlow

5. Ad Hoc Committee for special projects.
   Chairman: Bernard Levy, Ph.D., Judith Rubin and Georgina Jungels

6. Ad Hoc Committee for affiliation of locals.
   Chairman: Donald Cothoher

LOCALS - TOWARD ADVANCEMENT

June 1974 - Kansas Art Therapy Association

A new Civil Service classification for Activity Therapist I and II which includes art therapists at the Bachelor's level with salary ranging from $8,484.00 to $12,564.00

September 1975 - Southern California Art Therapy Association

Helen Landgarden, ATR, Chairperson of Commission for State Legislation --

Obtained professional recognition and acceptance by State of California --

Art therapist included in State Civil Service Job Classifications

NATIONAL - (AATA) HIGHLIGHTS

1973 "Guidelines for Art Therapy Training" endorsed.

1973 AJAT Official Publication of AATA as affiliate.

1974 Over 735 persons registered for 5th Annual Conference in New York City.

1974 AATA awarded an ATR to Diana Holliday, outstanding art therapist of London England. First art therapist in Europe to receive an ATR from AATA.

1974 "Panel on 'Third World" one of many focus of 5th Annual Conference in New York City.

1975 Publication of material from "Third World Panel" headed by Cliff Joseph.

MOVING FOREWARD

1969 AATA CHARTER signed by members present

1972 INCORPORATED - resulting from work of treasurer, Ms. Margaret Howard

1975 HISTORICAL ARCHIVES - Permanent home at the Menninger Foundation Historical Museum in Topeka, Kansas - currently contains 34 items (members research papers, published and in manuscript form) - Additions - AATA's assembled historical records and minutes.

MEMBERSHIP CLASSIFICATION

Active Membership

Associate Membership

Student Membership

Contributing Membership

Honorary Life Membership

Life Membership (Discontinued)

PRESIDENTS OF THE AMERICAN ART THERAPY ASSOCIATION

1969/71 Mrs. Myra Levick, ATR, Director of Art Therapy

1971/73 Robert E. Ault, ATR, Director of Art Therapy

1973/75 Mrs. Felice Cohen, ATR, Director of Art Therapy

1975/77 Donald Jones, ATR, Director of Art Therapy

PROJECTION

1977 Judith Rubin, ATR, Director of Art Therapy

TOP PRIORITY - JOB DEVELOPMENT

To establish Civil Service job classification at state and Federal levels thus, the opening up of JOB OPPORTUNITIES for ART THERAPISTS.

NOTE: Official Government recognition is opening doors and will open many more opportunities for art therapists at the Federal, State, County, and private levels.

We AATA members are making tremendous progress as recognized professionals in the professional communities, but we realize that we in AATA have a long road to travel.

FUTURE	PROJECTED AATA CONFERENCES
1977	8TH ANNUAL AATA CONFERENCE Virginia Beach, Va.
1978	9TH ANNUAL AATA CONFERENCE Los Angeles, California
HOST:	Southern California Art Therapy Association (SCATA)
1979	10TH ANNUAL AATA CONFERENCE Washington, D.C.
HOST:	Potomac Art Therapy Association (PATA)
1980	11TH ANNUAL AATA CONFERENCE Kansas
HOST;	Kansas and Missouri

SIGNIFICANT ADVANCES

1973 - American Journal of Art Therapy (AJAT) an affiliate with the American Art Therapy Association (AATA). Agreement renewed each year - distributed quarterly to all classes of AATA members - The affiliation is in accord with the Constitution - Article II, Section I.

1974 - Research Publication of Art Therapy: A Bibliography, January 1940-1973 by Linda Gantt and Marilyn Strauss Schmal in collaboration with the Graduate Program in Art Therapy, The George Washington University; the Research Committee of the American Art Therapy Association; and the National Institute of Mental Health.

AN EXPANDING DISCIPLINE

1973 - Special Film Project of the Ad Hoc Committee for special projects - The educational film to describe art therapy through vignettes of practitioners AT work.

August 1974 - Work began with filmed interview with Margaret Naumburg

Oct. 1974 - Three other pioneer art therapists; E. Kramer, H. Kwiatowska, and E. Ulman filmed in Buffalo, New York.
The board allocated $10,000 - G. Jungels is applying for a matching fund grant to the last phase of production.

1974 - First Annual Research Awards Planned

$100.00 First Prize - Best Research Paper (out of a field of at least a dozen)

$ 50,00 Second Prize -(Generous donner of the prize money - Ms. Helen Landgarten, ATR)

1976 - Begin publication of Conference proceedings (selections and abstracts) with 7th Annual Conference in Baltimore, Maryland in October.

Publications Sub-Committee - Roberta Shoemaker from Publications Committee, Lucy Davis from Program Committee; and Rawley Silver from General Membership.

Aim - To reproduce the highest quality of work being done in the field of art therapy -

For Sale - Special prices will be for members

- Priced for interested people too

Affiliation - Proceedings will be published in affiliation with AJAT.

1977 Greater expansion

ART THERAPY PUBLICATION

Struggling art therapists all over the USA had one common bond - the Bulletin of Art Therapy. The founder is Ms. Elinor Ulman of Washington, D.C., an art therapist, and an art educator as well as editor. This was the only source of news events (1961) available of interest to art therapists. It is a scholarly journal of high quality and served as a forum where those interested in art therapy could share ideas and learn what was going on in the world of art therapy. In 1969 the editor and staff changed the name of the publication from BULLETIN OF ART THERAPY to the AMERICAN JOURNAL OF ART THERAPY. The new name was better suited because it was the one and only publication in art therapy in America. The aim of the Journal's staff has been to assist the crystallization of a body of knowledge and ideas concerning the visual arts in education, rehabilitation, and psychotherapy.

In July 1974, the American Journal of Art Therapy (AJAT) affiliated with the American Art Therapy Association (AATA). The past 15 years the AJAT has been recognized worldwide, with a subscription in more than 25 foreign countries with over 2,000 readers. With the affiliation between AATA and AJAT, the organization (AATA) became associated with a scientific publication. The AATA representatives to the Editorial Board of AJAT (1976)

are Mildred Lochman - Chapin, Chairperson, Lynda Gantt, Nancy Galbalth, Charlotte Scotch, and Roberta Shoemaker, committee members.

AATA PUBLICATIONS

To date, the AATA has four additional publications to its credit - the Newsletter, the Directory, the Public Relations Packet, and the Art Therapy Bibliography. The AJAT and the AATA Newsletter are two publications that can now disseminate more news in the field of art therapy and permit more people the opportunity to be heard. Since the Newsletter (1969), we have had a diversification in the publications for art therapists. The AATA Newsletter is the official news publication of the American Art Therapy Association for news of activities of members. It is designed to be an open forum for the free expression of the membership's ideas, feelings, and opinions concerning the field of art therapy. It is necessary for yearly intercommunication for members to speak and to listen.

The quarterly publication had Don Jones as its first illustrative editor. A few years later (1972), under editor George Horaitis, the Newsletter changed its name to the VOICE, but bounced back again to be renamed AATA Newsletter in October 1975, with

Mildred Lachman-Chapin as editor. Linda St. Germaine is credited with the honor of designing the attractive new masthead for the newsletter. The AATA Publication Chairperson has the honor of editor of the Newsletter. Although the Newsletter is primarily to communicate to AATA membership, nonmembers may subscribe for $4.00 per year with overseas subscription rate at $5.00.

It was decided at the first AATA Conference in 1970 that a registry should be compiled and published. In 1972 the AATA Directory with 200 names of members was published by Membership Chairperson, Mickie Rosen. An updated new directory (1974) now includes a statement of art therapy, a list of all art therapists who are registered by the AATA, a list of the Executive Board Members, alphabetical membership listing, and members regional distribution listing. Added bonus in the booklet includes reprints of the Constitution and By-Laws and the Code of Ethnics for art therapists. A supplement is periodically published. Nonmembers, organizations, and/or members (duplicate copies) may receive copies for $3.00.

The PUBLIC INFORMATION PACKET is our latest and most requested booklet. There has been a loud and continuous cry for information about the field of art therapy from many organizations, students and other interested persons. AATA's first Public Information Chairman, Dr. Bernard Levy, assembled (1971) an impressive set of ... containing the pertinent and requested information.

Later, Chairperson, Myra Levick updated and enlarged the scope of information included. In 1976, Mickie Rosen, Public Information Chairperson, revised and updated a streamline packet, printed in booklet form and distributed to all members. This PUBLIC INFORMATION PACKET was issued not only for the use of the membership, but also in response to over 2,000 requests for information about the field of art therapy.

ART THERAPY: A BIBLIOGRAPHY, January 1940 - 1973 by Linda Gantt and Marilyn Strauss Schmal is the result of a project in collaboration with the Graduate Program in Art Therapy at the George Washington University, the Research Committee (Hanna Kwiatkowska) of the American Art Therapy Association and the National Institute of Mental Health. This is an invaluable resource for all interested in art therapy. The Bibliography may be purchased for $1.45 from the Government Printing Office - Public Documents Distribution Center - 5801 Tabor Avenue - Philadelphia, Pa. 19120 - Publication order number HE 20.8113:AR 7/940-73; S/N 1724-00383.

The five mentioned publications are sent to the membership of AATA but additional copies may be purchased by members, and other interested individuals as well as organizations on request. The American Journal of Art Therapy, the AATA Newsletter, the Directory, the Public Relations Packet, and the Art Therapy: A Bibliography include a wealth of information about the field of art therapy that no art therapist or aspiring art therapist should be without.

APPENDIX V.

LETTERS

LETTERS by Margaret Naumburg to Myer Site...

66 PARK AVENUE
NEW YORK 16, N. Y.

August 26, '50 MURRAY HILL 4-7448

Mr. Meyer Sile
1319 N. Charles St.
Baltimore Md.

Dear Mr. Sile,

Your sympathetic letter was waiting for me when I returned from Europe last week. It was most heartening to receive your warm response to what I have been trying to do. For more than most, you seem to have recognized the purpose and meaning of the process by which I came to the present phase of my work. I am so glad to hear that what I've written has been of real use to you. There is much that I would like a chance to talk over with you and hear about your own work.

Are you by any chance planning to come to New York any time in September? I should like to be able to tell you about the seminar I am planning for this winter for a group of teachers of art & artists who are working with both young people & adults, both normal & abnormal, who wish to work more intensively

Baltimore were not so far away I think it would interest you.

As you referred to the growing interest in the Public Schools in what I was working out so long ago in Walden School, I thought you might be interested to know that New York University is planning to work out a graduate course for me to give there in 1951.

When you referred to the time gap between the days when I was fighting for a creative approach to personality development at Walden as expressed in my book "The Child & the World" it recalled an unusual experience I had over the book a couple of years ago. Within a short time of each other three very different types of people read the "Child & the World" & all three quite separately made the comment to me "That book came out 25 years too soon." Dr. Leo Kanner of Hopkins was one of them and he added, "Educators haven't yet begun to catch up with you."

You've probably discovered by now that this book went out of print some time ago. If you haven't found it you may have to advertise as I do from time to time.

MARGARET NAUMBURG
66 PARK AVENUE
NEW YORK 16, N. Y.
MURRAY HILL 4-7448

I'm glad that I still had a reprint of "Art & Personality" which I'm mailing you under separate cover with some other material which may interest you.

Cordially yours,

Margaret Naumburg

135 EAST 54TH STREET
NEW YORK 22
MURRAY HILL 8-6763

June 30, 51

Dear Mrs Sitt,

I was glad to get your letter and to hear how well your talk went. You know, I think you are very naive in your expectation of having the regular art teachers want to hear what you have to say. Don't you see that they are afraid of you and your deeper understanding of the psychology of the unconscious, I think you can probably be much more effective for the present with the other than art teachers groups. You see these other turn to you as a specialist in art and you don't threaten them. The art teachers will come around later.

I'm leaving for a 2 weeks vacation now. No, I don't intend to be giving lectures this summer. But if you plan to come to New York this summer let me know ahead of time & come & see me. I shall be working on plans for a book.

Do you know Adolf Meyer's talk on Spontaneity in his collected papers "The Commonsense Psychiatry of Adolf Meyer, McGraw Hill?

Cordially,
Margaret Naumburg

And last, let me share with you Margaret Naumburg's letter to Myer Site (1969)

MARGARET NAUMBURG
CERTIFIED PSYCHOLOGIST
135 EAST 54TH STREET
NEW YORK, N. Y. 10022
MURRAY HILL 8-6763

Nov 20, 1969

Dear Meyer,

I was glad to hear from you but why do you keep fussing about the older generation of schoolmen. They won't ever change; It's the new youth that has some real spiritual values that they are fighting for and they are the only hope of the world today in our horrible mess created by the old men & women of this world!

Greetings
Margaret